

Homeowner Checklist

Steps to complete your Mortgage Assistance Application

Step 1: Application Forms

Complete the five (5) forms listed below

- The "Mortgage Assistance Application"
- The "Hardship Affidavit"
- Sign and date the "Borrower/Co-Borrower Acknowledgment and Agreement"
- If you are self-employed, please complete, sign and date the "Profit and Loss Statement Worksheet"
- Sign and date the 4506-t Form for all borrowers

Step 2: Tell Us About Your Hardship

Gather copies of any documentation to support your financial hardship. Please reference the "Hardship Affidavit" form for a complete list of acceptable documentation that corresponds to the hardship you may be facing.

Step 3: Provide Income Information

Please note: Below is a general list of income documents commonly required by investors, owners, insurers, or guarantors of mortgage loans. Depending on the investor, owner, insurer, or guarantor of your mortgage loan, some of the income documentation on this list may not be required from or applicable to you. If you have any questions on whether a document is required from or applicable to you, please contact us at (877) 426-8805.

If you or any borrower earns a wage (i.e., not self-employed), then provide:

- The most recent two (2) paystubs (all pages) with year-to-date (YTD) earnings included. If YTD earnings are not on the paystubs, provide other documentation showing YTD earnings in addition to the paystubs.
- A Leave and Earnings Statement for Military Borrowers (if applicable).

If you or any borrower is self-employed, then provide any one of the following documents:

- The most recent signed and dated quarterly or year-to-date (YTD) Profit-and-Loss Statement for each company owned.
- If you do not have a copy of the most recent signed and dated quarterly or YTD Profit-and-Loss Statement, please complete, sign, and date the "Profit-and-Loss Statement Worksheet" enclosed herein for each company owned by each borrower.
- A signed copy of the most recently filed Federal Individual or Business Tax Return (all pages and all schedules) for each borrower.
- If you have not filed your Tax Return yet, the most recent year IRS 1099 and/or W-2 forms to show self-employment income.

If you or any borrower owns rental/investment property, then provide:

- The most recent fully executed lease agreement for each property.
- If you do not have a lease agreement for any rental/investment property, provide either of the following:
 - Copies of the two (2) most recent month's proof of receipt showing receipt of such rent/payment; or
 - Copies of the two (2) most recent deposited rent checks, both front and back.

If you or any borrower receives other income (such as, but not limited to: social security, public assistance, pension/annuities, dividends, royalties, loans, and/or death benefits), then provide the following:

- Any benefits statement or letter from the provider stating the amount, frequency, and duration of the benefit; or
- A copy of one (1) deposit slip OR copy of one (1) cancelled check showing receipt of such payment.

If you or any borrower receives investment or insurance income, then provide:

- A copy of the two (2) most recent investment statements.

Although not required, if you would like us to consider Alimony, Separate Maintenance, or Child Support, then you may provide either:

- Documentation, such as a copy of a divorce decree, separation agreement, or other similar agreement filed with the court, as applicable, that details the amount of payment received, the frequency of payment and continuation of payment (please note: payment must continue for at least 72 months); or
- A copy of two (2) most recent month's proof of receipt showing receipt of such payment.

Although not required, if you would like us to consider additional income you may receive from a non-borrower spouse or boarder income received (income received from renting a room in your property), then you may provide:

- Copies of the two (2) most recent month's proof of receipt showing receipt of such payment; or Other documentation showing the amount and frequency of the income.
- Please list the non-borrower(s) name and relationship in the "***Explanation of Other Income/Assets/Expenses" section of the "Monthly Borrower(s)/Household Income Form".

Step 4: Provide Asset Information (If Applicable)

If you are unable to provide documents outlined in **STEP 3** above to prove your source of income, then please gather copies of the following asset documentation for all borrowers:

- Copies of the most recent two (2) months of bank statements (all pages) showing income deposit amounts.
- If applicable, copies of the most recent two (2) months of brokerage account statements (all pages).

Please Note: Printed online bank statements are only acceptable if the account number and page number is visible. Any bank statement printed from an online account that does not include the account and page number will not suffice to meet this requirement.

Step 5: Provide Home Owner Insurance and Property Tax Information (If Applicable)

If your loan is not escrowed for homeowner's insurance and property taxes, please provide copies of:

- Your most recent homeowner's insurance declaration page.
- Your most recent property tax bill from your taxing authority (county, city/town, or other).

Step 6: Provide Property Sale Information (If Applicable)

If you have listed your property for sale or received a purchase offer for your property, please provide copies of the following documentation:

- The most recent fully executed property listing agreement.
- If applicable, the most recent fully executed purchase offer (signed by all parties to the transaction).
- If applicable, the most recent "Settlement" or "Closing" Disclosure.

Step 7: Submit Your Information

Send us your full application in any of these ways.

Mail:

RoundPoint Mortgage Servicing Corporation
Attn: Correspondence
PO Box 19409
Charlotte, NC 28219-
9409

Fax:

877-343-2448

Email:

loss.mitigation@roundpointmortgage.com

All required forms and documentation listed above must be sent to ensure your application is evaluated for all possible assistance options available to you.

- Please make sure all documents are signed before sending •

Step 8: Next Steps

An acknowledgement letter will be sent to you within five business days of receipt of your application. If you don't already have an assigned account representative, we will assign one for you. Your account representative will call to introduce him or herself, confirm receipt of your application, review the process, and answer any questions you may have. If any additional documentation to complete the application is required along the way, we will let you know.

MORTGAGE ASSISTANCE APPLICATION

If you are experiencing a temporary or long-term hardship and need help, this form along with other required documentation must be completed and submitted to be considered for available solutions. On this page, the following information must be disclosed about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2, information about all your income, expenses, and assets must be disclosed. Then on Page 3, the Hardship Affidavit must be completed in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that must be submitted in support of your hardship claim. The information and documentation you provide will be used to help identify the assistance you may be eligible to receive. If you need assistance in completing this application, please contact us at 877-426- 8805.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

NOTICE: *when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all the information in this Mortgage Assistance Application is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.*

Loan Number: _____ (usually found on your monthly mortgage statement)

I want to: Keep the Property Transfer Ownership of Property to my Servicer Sell the Property Undecided

The property is currently: My Primary Residence Second Home An Investment Property

The property is currently: Owner Occupied Renter Occupied Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	DATE OF BIRTH	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	

PREFERRED CONTACT METHOD (choose all that apply):

- Cell Phone Home Phone Work Phone Email Text (Checking this box indicates your consent for text messaging)

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the listing date? _____</p> <p>If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Offer: _____ Amount of Offer: \$: _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____</p>
<p>Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total monthly amount: \$: _____ Name and address that fees are paid to: _____</p>	
<p>Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13</p> <p>If yes, what is the filing date? _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: _____</p>	
<p>Is the borrower an active duty service member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any borrower been deployed from his/her primary residence or received a Permanent Change or Station order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is either borrower on active duty with the military (including the National Guard and Reserve), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

MONTHLY BORROWER(S)/HOUSEHOLD INCOME FORM

Wage Earner(s) (Employed)		Self-Employed/Rental Income		Other Income	
Gross Wages (Pre-Tax)	\$	Business Income (Less Expenses)	\$	Social Security Income	\$
Overtime	\$	Rental Property 1	\$	Pension/Annuities/Retirement Plan	\$
Tips/Gratuities	\$	Rental Property 2	\$	Stock Dividends	\$
Commission	\$	Rental Property 3	\$	*Child Support/Separate M./ Alimony	\$
Bonus Income	\$	Rental Property 4	\$	Unemployment	\$
Car/Housing Allowance	\$	Boarding Income/Room Rent	\$	**Other Income (e.g., Royalty or Loans)	\$
Total Monthly Gross Income					\$

***Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

MONTHLY BORROWER(S) ASSET FORM

All Bank Account/Cash Balances		Investment Accounts/Other	
Other Cash on Hand	\$	Stock/Mutual Fund Account(s)	\$
Checking Account(s)	\$	Bond Investment(s)/Account(s)	\$
Savings Account(s)	\$	Note(s) Receivable	\$
Certified Deposit (CD) Account(s)	\$	Trust Account(s)	\$
Money Market Account(s)	\$	**Other Asset(s) (Exclude: 401k, 529, IRA Accounts)	\$
Total Assets			\$

MONTHLY BORROWER(S) EXPENSE FORM

Monthly Housing Expenses		Monthly Transportation Expenses		Monthly Credit and Other Expenses	
First Mortgage Payment	\$	Car Payments (lease or own)	\$	Credit Cards (min. required pmt.)	\$
Other Mortgage Payment/Rent	\$	Car Insurance	\$	Personal Loans (non-auto loans)	\$
Homeowner's or Renter's Ins.	\$	Car Maintenance or Repair	\$	Student Loans	\$
Property Taxes	\$	Gas	\$	Alimony/Support	\$
HOA/Condo Fees	\$	Parking/Tolls	\$	Clothing/Beauty/Barber/Cosmetics	\$
Property Maintenance	\$	Taxes:	\$	Loans/Debts Payable to Others	\$
**Other Housing Expense	\$	**Other Transportation Expense	\$	**Other Expenses	\$

Monthly Utility Expenses		Monthly Medical Expenses		Monthly Food and Child Care Expenses	
Utilities (Gas, Electric, Water)	\$	Health/Dental/Vision Insurance	\$	Food/Groceries	\$
Internet/Cable	\$	Life Insurance	\$	Child Care/Support	\$
Trash Collection	\$	Medical Prescriptions	\$	School Tuition	\$
Telephone	\$	Medical Bills/Co-pays	\$	School Materials (e.g., Books):	\$
*Other Utility Expense:	\$	*Other Medical Expense:	\$	*Other Food/Child Care Expense:	\$
Total Monthly Expenses					\$

Real Estate Owned Schedule

Property Address	Mortgage Payment	Property Use (Primary Residence, Secondary Home, Investment Property)

**Explanation of Other Income/Assets/Expenses

Please Explain Source(s):

HARDSHIP AFFIDAVIT FORM

(Provide a written explanation with this request describing the specific nature of your hardship)

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options. **Date Hardship Began is:** _____

I believe my situation is:

- Short-term (up to 6 months)
 Long-term or permanent (greater than 6 months)
 Resolved as of (date): _____

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply, submit required documentation demonstrating your hardship, and attach additional pages if needed)

Note: the documentation required to demonstrate your hardship is in addition to the financial documentation previously requested within this notice.

If Your Hardship is:	Then the Required Hardship Documentation is:
Unemployment	No hardship documentation required
Underemployment	No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	Final divorce decree signed by the court; OR Final separation agreement signed by the court; OR Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR Legally binding agreement or recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property

<p>Death of a borrower or death of either the primary or secondary wage earner in the household</p>	<p>Death certificate; OR Obituary or newspaper article reporting the death</p>
<p>Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member</p>	<p>Written statement from the borrower, or other documentation verifying disability or illness. Note: Detailed medical information is not required, and information from a medical provider is not required</p>
<p>Distant employment transfer</p>	<p>For active-duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR Paystub from new employer; OR If none of these apply, provide written explanation. In addition to the above and if applicable, please provide documentation reflecting the amount of any relocation assistance provided (not required for those with PCS orders)</p>
<p>Other – hardship that is not covered above</p>	<p>Written explanation describing the details of the hardship and any relevant documentation. You may utilize the Hardship Letter below to describe your hardship.</p>

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree the following:

1. All of the information in this Mortgage Assistance Application is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or grantor of my mortgage, their agents(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief, or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted, and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgement and Agreement are incorporated into such plan by referenced as if set forth in such plan in full.
 - b. My first timely payment under the plan may serve as acceptance to the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure the default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow accounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. The personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) payment history, and information about my account balances and activity, and (f) my tax return and the information contained therein. I understand and consent to the Servicer or authorized third party*, as well as any investor/grantor of my mortgage loan(s) (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews.
 - b. The U.S. Department of Treasury, Fannie and Freddie Mac in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided the lender/servicer/or authorized third party*.

Borrower's Signature

Date

Co-Borrower's Signature

Date

* An authorized third party may include, but not limited to, a counseling agency, Housing Finance Agency (HFA), or other similar entity assisting in obtaining a loss mitigation alternative.

Year to Date Profit and Loss Statement Worksheet

Important: Please Only Complete this form if Self-Employed and You Do Not Already have A Profit and Loss Statement Prepared.

Names of Borrower(s): _____ Type of Business: _____
 Business Name: _____
 Business Address: _____

INCOME/REVENUES					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Gross Sales/Revenue				
COST OF SALES/GOODS					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2	Cost of Goods Sold				
3	Gross Profit/Loss				
EXPENSES					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4	Accounting/Legal				
	Advertising				
	Assets				
	Bank Charges				
	Depreciation				
	Equipment				
	Insurance				
	Interest				
	Motor Vehicle(s)				
	Office Supplies				
	Postage/Print				
	Rent				
	Repairs/Maintenance				
	Salaries and Wages				
	Taxes				
	Telephone and Internet				
	Travel				
Utilities					
Web Hosting/Domain					
Other					
5	Total Expenses				
GROSS OPERATING INCOME/LOSS (BEFORE INCOME TAX)					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
6	Gross Op. Income/Loss				
7	Income Tax Expense				
NET INCOME/LOSS					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
8	Net Income/Loss				

BORROWER SIGNATURE: _____ **DATE:** _____

CO BORROWER SIGNATURE: _____ **DATE:** _____

STEP-BY STEP INSTRUCTIONS:

1. Complete each applicable section by populating the volumes and totals for each quarter.
2. Using the steps in the far left column of the worksheet, please calculate the following figures for each quarter using this set of calculation formulas by step:
 - a. Gross Profit/Loss (Step 3) = Step 1 Minus (-) Step 2
 - b. Gross Operating Income/Loss (Step 6) = Step 3 Minus (-) Step 5
 - c. Net Income/Loss (Step 8) = Step 6 Minus (-) Step 7 (**Note: Please denote any loss with a minus sign (-)**)
3. Sign and Date worksheet.

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request _____

- a. **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b. **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c. **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)
 _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or

Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN, or EIN. Completion of this line is not required.

Note: If you use an SSN, name, or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year, or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer, or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form, or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division 1111
 Constitution Ave. NW, IR-6526 Washington, DC
 20224

Do not send the form to this address. Instead, see Where to file on this page.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129