



MONTANA BOARD OF HOUSING – LOAN SERVICING

## Default Assistance Options

**There is help!** The Montana Board of Housing (MBOH) offers a variety of assistance options to help you overcome the default on your mortgage. Assistance falls into two categories:

**Home Retention Options:** If you wish to remain in your home, we offer a number of options.

*Repayment Plans* – If your budget reveals that you can afford your home, but you need time to catch up on past due payments, a repayment plan may be the best option. In this option, you would make one payment plus an additional amount each month, until you eventually catch up on all past due payments.

*Special Forbearance Plans* – This option is available to those mortgagors who are experiencing a temporary loss of income or unexpected set of expenses. Once you can document that your situation is temporary, we can reduce or even suspend payments, until your situation has been resolved or to a maximum set of time established by the loan's insurer. This option works best for those who have recently become unemployed. NOTE: You will still owe the payments that were suspended or reduced, but this option allows you to overcome your temporary situation and then another option may be applied to bring your loan current.

*Home Affordable Modification Program – HAMP* – This option is available *only for FHA* (Federal Housing Administration) *insured* loans. The program was designed for those borrowers who have experienced a loss of income or increase in expenses since getting the mortgage, and now have trouble keeping their mortgage current. It combines a loan modification with funds advanced by FHA (called a Partial Claim or Subordinate Deed of Trust) to pay the past due payments and, in some instances, additional funds to reduce the principal balance. The goal is to reduce your total monthly mortgage payment to between 25% and 31% of your gross monthly income, using a specific formula mandated by FHA. The Partial Claim funds are given as part of an additional (subordinate) Deed of Trust, secured by your property and a Subordinate Note. These funds are given at 0% interest and do not have to be repaid until the first mortgage is paid in full. *Please note: The Montana Board of Housing cannot change your current interest rate.*

*Note: Unemployment insurance income cannot be used when considering qualification factors for any option other than the repayment plan or forbearance plan options. Fifty percent or more of the household income must be provided by the borrower of record and/or their spouse to be considered for a workout option. Self-employed borrowers must provide 2 yrs. Income tax records, plus a profit and loss statement, year to date. New businesses must fully document all income and expenses from time of inception.*

**Property Liquidation Options:** If it is determined that you can no longer afford your home, we have options that can assist you in mitigating the negative effect on your credit, by cooperating with one of these options:

**Sale of Property** – If the net proceeds from the sale of your home are sufficient to completely payoff your mortgage, we can work with you while you market your property. You must have the property listed with a licensed real estate agent and list the property at fair market value. Keeping your loan counselor informed about the progress of the marketing process is key for this option.

**Pre-Sale or Short Sale** – If the net proceeds from the sale of your home are insufficient to completely pay off your mortgage, we can negotiate with your insurer to accept less than the amount you owe. If you have a conventional loan you must provide a listing agreement with a licensed realtor and a report of at least 3 comparable sales in your area, in addition to the documents required on the Request for Mortgage Assistance packet. As long as your home is listed at fair market value, we can work with you to resolve this matter. If your loan is insured by FHA, Rural Housing, VA, Genworth or MGIC, you will need to submit this package for financial review and request the short sale option. *Providing that you documented your hardship and evidence that you can no longer afford the property*, you will be preapproved for a short sale. Please note: Some insurers will require a cash contribution or repayment of a Note for part of the losses they incur as a result of a short sale. Whether this will be a requirement is based on the extent of your financial hardship and your ability to clearly document it.

**Deed in Lieu** – When you have tried everything to sell your home and, despite your best efforts, you were unable to do so, we may be able to negotiate a deed in lieu of foreclosure. This is where you voluntarily sign a Deed turning over the property to your lender or insurer and avoid foreclosure. You will need to vacate the property and cooperate with clean out requirements. Also, there must be no liens that will interfere with a clear title transfer. You will be responsible for the maintenance of the property and all utility payments until the Deed is properly recorded.

*Note: All options are subject to a review of your financial information and application of lender and insurer guidelines. No option is guaranteed. Poor payment histories prior to this delinquency can be reason for denial of assistance. You are required to submit **all** documentation prior to any consideration. Failure to submit requested documentation, without a written explanation of the omission, constitutes a reason for immediate denial.*

*Note2: Occupancy of the mortgaged property is a requirement before any assistance can be offered. Exceptions are made for unusual circumstances. You can contact your loan specialist to see if your situation warrants consideration.*

**What's Next?** You need to complete the forms included in this document (see sections below: “Borrower Information”, “Hardship Affidavit”, “Residence Information”, “Combined Income and Expense...”, and “Authorization”), **within 10 days of your receipt of this**. After completing them, sign where indicated. Send these forms, with the support documents listed at the top of the General Information statement, to the Montana Board of Housing, Loss Mitigation, PO Box 200550, Helena MT 59620. Or fax to 406-841-2841, Attention Loan Servicing Loss Mitigation.

**Need More Information?** You can contact your loan counselor or the Loss Mitigation Department toll free at 1-855-841-2799.

**Need Help Completing These Documents?** You can contact HUD (Housing and Urban Development) approved housing counselors for assistance. You can find one in your area by going to: <https://www.hud.gov/states/montana/homeownership/hsgcounseling> or call 1 (800) 569-4287. A list of HUD approved counselors is also included on the next page. These counselors can also help with budgeting ideas and help locate applicable social services that may be able to help manage your finances. We strongly encourage all delinquent homeowners take advantage of this free service!



# Montana Department of Commerce

## Loan Servicing

### REQUEST FOR MORTGAGE ASSISTANCE (RMA)

If you are experiencing a financial hardship and need help, you must complete this form along with other required documentation to be considered for foreclosure prevention options with the Montana Board of Housing. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses, and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. **Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506-EZ; and (3) all required income documentation identified in Section 4.**

**When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.**

In order for this form to be considered complete, several forms must be attached and submitted:

- 2 most current complete tax returns
- 2 most current consecutive pay stubs (unless paid weekly, then 4 are required)
- Summary of Household Expenses
- Hardship Statement
- Proof of Hardship
- 2 months most recent bank statements

#### SECTION 1: BORROWER INFORMATION

##### BORROWER

BORROWER'S NAME			
DATE OF BIRTH			
HOME PHONE NUMBER (WITH AREA CODE)			
CELL OR WORK PHONE NUMBER (WITH AREA CODE)			
STREET NAME			
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

##### CO-BORROWER

CO-BORROWER'S NAME			
DATE OF BIRTH			
HOME PHONE NUMBER (WITH AREA CODE)			
CELL OR WORK PHONE NUMBER (WITH AREA CODE)			
STREET NAME <small>If same as borrower write "same"</small>			
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

Has any borrower filed for bankruptcy?	
<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 10
Filing Date	Bankruptcy Case Number
Has your bankruptcy been discharged?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is any borrower a service member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you recently been deployed away from your principal residence or recently received a permanent change of station order?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?

SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review for mortgage assistance  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive, and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disabilities, adoption/birth of a child, etc.

**Please use the following page to provide a written explanation  
(continue on a separate sheet of paper if necessary).**

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

**BORROWER**

I do not wish to furnish this information

**Ethnicity**  Hispanic or Latino  
 Not Hispanic or Latino

**Race**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

**Sex**  Female  
 Male

**CO-BORROWER**

I do not wish to furnish this information

**Ethnicity**  Hispanic or Latino  
 Not Hispanic or Latino

**Race**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

**Sex**  Female  
 Male

**To be completed by Interviewer**

Face-to-Face Interview  
 Mail  
 Telephone  
 Internet

Interviewer's Name

Interviewer's Signature

Date  Interviewer's Phone Number

Name/Address of Interviewer's Employer

**SECTION 3: Principal Residence Information**  
 (This section is required even if you are not seeking mortgage assistance on your principal residence)

**I am requesting mortgage assistance with my principal residence**  Yes  No

If "yes", I want to:  Keep the property  Sell the property

Property Address  Suite/Apt. #  Loan I.D. Number

City  State  Zip Code

**Other mortgages or liens on the property?**  Yes  No

Lien Holder/Servicer Name  Loan I.D. Number

**Do you have condominium or homeowner association (HOA) fees?**  Yes  No

If "Yes," Monthly Fee  **Are fees paid current?**  Yes  No

**Is the property listed for sale?**  Yes  No

If "Yes," Listing Agent's Name  Phone Number

List Date?  **Have you received a purchase offer?**  Yes  No

Amount Offer  Closing Date

**SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER**

<b>Monthly Household Income</b>	
Monthly Gross Wages (Before Taxes)	\$
Overtime	\$
Self-Employment Income	\$
Unemployment Income	\$
Untaxed Social Security/SSD	\$
Food Stamps/Welfare	\$
Taxable Social Security or retirement income	\$
Child Support/Alimony**	\$
Tips, Commissions, and/or Bonus	\$
Gross Rental Income Received*** (Before Taxes)	\$
Other:	\$
Other:	\$
<b>Total (Gross Income):</b>	\$

<b>Monthly Household Expenses/Debt (*Principal Expense Only)</b>	
	Monthly Obligation
First Mortgage Principal & Interest Payment*	\$
Second Mortgage Principal & Interest Payment*	\$
Mortgage Payments on other properties****	\$
Homeowner's Insurance*	\$
Property Taxes*	\$
Auto Loan(s)	\$
Credit Card Payment(s)	\$
Student Loan, Tuition, Education Payment	\$
Alimony	\$
Child Support	\$
Utilities Payments (Electricity, Gas, Water, Garbage, etc.)	\$
Telephone/Internet/Cable	\$
Health/Life Insurance	\$
Out of Pocket Medical Expenses (prescriptions, doctor/dentist visits, etc.)	\$
Auto Insurance	\$
Car/Transportation Expenses (gas, parking, bus, etc.)	\$
Groceries/Dining Out	\$
Clothes	\$
Entertainment	\$
Child Care	\$
Home Improvements (security system, etc.)	\$
Other:	\$
Other:	\$
<b>Total Debt/Expenses</b>	\$

**\*\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.**

**\*\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.**

**\*\*\*\*Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.**

## Required Income Documentation

(Your servicer may request additional documentation to complete your evaluation for MBOH)

1. Include a signed and complete IRS Form 4506-T or 4506T-EZ. (IRS Form 4506T-enclosed)

2. Do you earn a wage/salary?

Yes  No

Borrower Hire Date (MM/DD/YY)

Co-borrower Hire Date (MM/DD/YY)

For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 3 months of the most recent pay stubs/income of year-to-date income.

3. Are you self-employed?

Yes  No

If "Yes," provide your most recent signed and dated quarterly or year-to-date profit and loss statement.

4. Do you receive tips, commissions, bonuses, housing allowance or overtime?

Yes  No

Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).

5. Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?

Yes  No

If "Yes," provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).

6. Do you receive alimony, child support, or separation maintenance payments? \*

Yes  No

If "Yes," provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them.

AND

Copies of your two most recent bank statements or deposit advices showing you have received payment.

**\*Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.**

7. Do you have income from rental properties that are not your principal residence?

Yes  No

If "Yes," provide your most recent Federal Tax return with all schedules, **including Schedule E**.

**If rental income is not reported on Schedule E**, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

## SECTION 5: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I/We certify that all of the information in the RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I/We understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my/our mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me/us to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I/We authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MBOH and the accuracy of my/our statements and any documentation that I/We provide in connection with my/our request for assistance. I/We understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I/We understand that if I/We have intentionally defaulted on my/our existing mortgage, engaged in fraud or if it is determined that any of my/our statements or any information contained in the documentation that I/We provide are materially false and that I/We was ineligible for assistance under MBOH, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my/our participation in MBOH, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I/We certify that any property for which I/We am/are requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I/We certify that I/We am/are willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I/We understand that time is of the essence.
7. I/We understand that the Servicer will use the information I/We provide to evaluate my/our eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this document or other documentation submitted in connection with my/our request.
8. I/We am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
9. If I/We am/are eligible for assistance under MBOH, and I/We accept and agree to all terms of an MBOH notice, plan, or agreement, I/We also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My/Our first timely payment, if required, following my/our servicer's determination and notification of my/our eligibility or prequalification for MBOH assistance will serve as my/our acceptance of the terms set forth in the notice, plan, or agreement sent to me/us.
10. I/We understand that my/our Servicer will collect and record personal information that I/We submit in this RMA and during the evaluation process, including, but not limited to, my/our name, address, telephone number, social security, credit score, income, payment history, government monitoring information, and information about my/our account balances and activity. I/We understand and consent to the Servicer's disclosure of my/our personal information and the terms of any MBOH notice, plan, or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MBOH companies that perform support services in conjunction with MBOH, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my/our first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD- certified housing counselor.
11. I/We consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I/We have provided to the Servicer. This includes text messages and telephone calls to my/our cellular or mobile telephone.
12. I/We understand that any prior waiver as to my/our payment of escrow items to the Servicer in connection with my/our loan may be revoked as a condition of assistance. I/We understand that some assistance options will require the establishment of an escrow account for the remaining term of my mortgage loan.
13. I/We understand MBOH is under no obligation to agree to an alternative to foreclosure and that MBOH has not made any representation that it will authorize an alternative to foreclosure.
14. I/We agree that discussion and negotiations of possible foreclosure alternatives do not constitute a waiver or a defense to MBOH's right to commence or continue any foreclosure or other collection activities. Foreclosure action will be terminated and an alternative to foreclosure will be provided only if and when MBOH has approved an agreement for a foreclosure alternative, in writing.
15. I/We acknowledge that I/We are solely responsible for the property maintenance while MBOH is reviewing Loss Mitigation/Foreclosure Alternatives and that my property has not received a condemnation notice. I/We further certify that any code violations that the property has received and that are not yet resolved, have been revealed to the servicer.
16. I/We have had the opportunity to consult with legal counsels and/or tax counsel prior to signing this document. (NOTE: Some Loss Mitigation alternatives may have tax consequences.)
17. I/We agree as follows: My/Our lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver or a defense to my/our lender's rights to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my/our lender. The information herein is an accurate statement of my/our financial status.

**BY SIGNING BELOW, the undersigned certifies under penalty of perjury that all statements in this document are true and correct. I/We grant the Montana Board of Housing and their contractor the authority to confirm any and all financial information related to Loss Mitigation activities and foreclosure alternatives, including, but not limited to ordering and reviewing a credit report, as necessary.**

Your form is not complete until you have attached all the following documents. Please check the box of each item you have attached:

- 2 most current complete tax returns
- 2 most current consecutive pay stubs (unless paid weekly, then 4 are required)
- Summary of Household Expenses
- Hardship Statement
- Proof of Hardship
- 2 months most recent bank statements

Borrower Signature		Social Security#		Date	
Co-Borrower Signature		Social Security#		Date	



**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ 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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**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. Most requests will be processed within 10 business days . . . . .

**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. Most requests will be processed within 10 business days . . . . .

**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. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 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. Most requests will be processed within 10 business days . . . . .

**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.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/	/	/	/	/
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**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-T 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-T. See instructions.

	Phone number of taxpayer on line 1a or 2a <input style="width: 100%;" type="text"/>
Signature (see instructions)	Date
<b>Sign Here</b>	
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

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

**Future Developments**

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

**General Instructions**

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

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Got a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)**

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Chart for all other transcripts**

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5a.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. 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 "000000000" on the transcript.

**Line 6.** Enter only one tax form number per request. **Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines 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 and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(j) 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-T 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 Form 4506-T.

**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-T 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.; and **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-T 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-6520  
Washington, DC 20224  
  
Do not send the form to this address. Instead, see Where to file on this page.