

# Financial Assistance Application



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## DOCUMENT CHECKLIST

Loan Number(s): \_\_\_\_\_

Please submit the following information to be considered for Assistance:

- Hardship letter/Hardship Affidavit: (A detailed letter explaining what caused your financial problems)
- Must be signed and dated by all borrowers.
- Verification of all income you have listed on the Financial Statement Form. (Wages, Social Security Award Letter, Disability, Child/Alimony income (Divorce Decree), Profit & Loss statement, Rental/Leases Agreements, 401K, IRA, Brokerage Account if applicable etc...)
- If you are currently working, we need copies of your last two (2) pay stubs.
- If you are currently collecting unemployment, copies of your last two (2) unemployment paystubs and the unemployment award letter or unemployment extension letter.
- If you are self-employed, please provide a Year-to-Date profit and loss statement.
- If any of your income is from child/alimony support, rental, social security, disability please provide paperwork to verify this income. (Acceptable forms of verification include: Court orders, Divorce Decree, Award letters or similar documents.)
- Copy of your signed federal tax returns (All Pages Required) for the last two (2) years.
- Signed Copy of your 4506-T Form. \*Must be included even though providing copies of your tax returns\*
- Copy of your bank statements for the last two (2) months. (All Pages Required)
- Copy of your most recent Property & School Tax Bill & Homeowners Insurance Statement.
- If you have hired a third party to represent you during the loss mitigation review, please complete the attached Third-Party Authorization and Agreement to Release.

If you currently have a purchase offer for a short sale, please forward the following documentation in addition to the documents listed above:

- Sales & Purchase Agreement (signed by buyer and seller).
- Net Sheet or proposed Settlement Statement, showing itemized breakdown of all costs related to the sale transaction (i.e., realtor's commissions and closing costs).
- Listing Agreement(s).
- Copy of buyer's earnest money check deposit.
- Copy of buyer's loan approval letter.
- Settlement/Payoff letter from 2nd lien holder. (If applicable)

Please Note: In order to review for a possible short sale you must presently have a purchase offer. If you DO NOT presently have an offer, please wait to make your request.

**Upon our receipt of all of the required items listed above you will receive confirmation within 5 days via mail. Please be advised that an Appraiser will contact you to schedule an appointment for an inspection of your property; this appraisal will be of no cost to you unless you are otherwise informed by the Bank.**

**Please provide the name and phone number of a contact person who can schedule the appointment and accompany the Appraiser:**

Name: \_\_\_\_\_  
Print Signature

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

If this inspection has not been scheduled to take place within **5 days of the confirmation date**, then this application will be considered INCOMPLETE.

Please send all the required information and documentation at the same time. Please be advised that in order to determine the best possible course of action for your situation, we may need to request additional or updated information or documentation throughout the course of our review.

Mail:  
NBT Bank, N.A.  
Special Assets (607) 337-6591  
52 South Broad Street  
Norwich, NY 13815

Fax: Attention: Attn Special Assets 1-607-336-8252  
E-mail: [HomeLoanHelp@nbtbank.com](mailto:HomeLoanHelp@nbtbank.com)

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**BORROWER INFORMATION** (To avoid delays please make sure all pages are complete and accurate.)

Borrower	Co-Borrower
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Name: _____	Name: _____
Social Security #: _____	Social Security #: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

I want to:  Keep the property  Sell the property

The Property is my:  Primary residence  Second Home  Investment

The property is:  Owner Occupied  Renter Occupied  Vacant

Number of people in household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address (if same as mailing address, write "same") \_\_\_\_\_

Is the property listed for sale?  Yes  No

If yes, what was the listing date? \_\_\_\_\_

Have you received an offer on the property?  Yes  No

Date of Offer: \_\_\_\_\_ Amount of Offer: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_

For sale by Owner?  Yes  No

Who pays the real estate tax bill on your property?

I do  Lender  Condo or HOA

Are the taxes current?  Yes  No

If No: Years Delinquent \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**\*Also please provide copy of delinquent tax notice if available\***

**Please note: If your taxes are not escrowed; it is our Bank's requirement to add Escrow through any Modification that is completed.**

Condo or HOA Fees?  Yes  No \$ \_\_\_\_\_ per month

Have you filed for bankruptcy?  Yes  No

If yes:  Chapter 7  Chapter 13

File Date: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Phone # of Attorney: \_\_\_\_\_

Additional Liens/Mortgages or Judgements on this property (If not applicable write "None").

Have you contacted a credit counseling agency for help?  
 Yes  No

If yes, please complete the following:

Counselor's Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Counselor's Phone #: \_\_\_\_\_

Counselor's Email: \_\_\_\_\_

Who pays the hazard insurance premium for your property?

I do  Lender  Condo or HOA

Is the policy current?  Yes  No

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Has your bankruptcy been discharged?  Yes  No

Bankruptcy case number: \_\_\_\_\_

Lien Holder's Name/Service	Balance	Phone Number	Loan Number

# Financial Assistance Application



**HARDSHIP AFFIDAVIT** (Provide a written explanation describing the specific nature of your hardship.)

I am requesting review of my current situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began: \_\_\_\_\_

I believe that my situation is:

- Short-term (under 6 months)
- Medium-term (6-12) months
- Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of the reasons set forth below:** (Please check all that apply and submit required documentation demonstrating your hardship). Please note that all required hardship documentation is required in addition to the documents set forth on the document checklist.

If your hardship is:	Then the Required Hardship Documentation is:
<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Underemployment</li> <li>• Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)</li> <li>• Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law</li> <li>• Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member</li> <li>• Long-term or permanent disability; Serious illness of a borrower /co-borrower or dependent family member</li> <li>• Disaster (natural or manmade) adversely impacting the property or Borrower's place of employment</li> <li>• Distant employment transfer</li> <li>• Excessive Obligations</li> <li>• Business Failure</li> <li>• Payment Increase</li> </ul>	<ul style="list-style-type: none"> <li>• A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits.</li> <li>• Documentation is listed on Document Checklist</li> <li>• Documentation is listed on Document Checklist</li> <li>• Divorce decree signed by the court OR</li> <li>• Separation agreement signed by the court or that non-occupying Borrower has a different address OR</li> <li>• Recorded quitclaim deed evidencing that the non-occupying Borrower OR Co-Borrower has relinquished all rights to the property</li> <li>• Death certificate OR</li> <li>• Obituary or newspaper article reporting the death</li> <li>• Doctor's certificate of illness or disability OR</li> <li>• Medical bills OR</li> <li>• Proof of monthly insurance benefits or government assistance</li> <li>• Insurance claim OR</li> <li>• Federal Emergency Management Agency grant or Small Business Administration loan OR</li> <li>• Borrower or Employer property located in a federally declared disaster area</li> <li>• Proof of transfer</li> <li>• Documentation listed on Document Checklist</li> <li>• Tax return from the previous year (including all schedules) AND</li> <li>• Proof of business failure supported by one of the following:                             <ul style="list-style-type: none"> <li>• Bankruptcy filing for the business; OR</li> <li>• Two months recent bank statements for the business account evidencing cessation of business activity; OR</li> <li>• Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> <li>• Documentation listed on Document Checklist</li> </ul>

**Other (explain):**

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**WRITTEN EXPLANATION** (Describing the specific nature of your hardship).

Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Financial Assistance Application



## INCOME/EXPENSES FOR HOUSEHOLD

### EMPLOYMENT INFORMATION

#### Borrower

Monthly Income: \_\_\_\_\_

Employer 1 Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employer 2 Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Are you self Employed?  Yes  No

#### Co-Borrower

Monthly Income: \_\_\_\_\_

Employer 1 Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employer 2 Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
 \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Are you self Employed?  Yes  No

### OTHER INCOME

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household?  Yes  No

If yes, complete the following:

First and Last Name: \_\_\_\_\_

Monthly amount and/or contribution to the household: \$ \_\_\_\_\_

#### Income

Monthly Household Income: \$ \_\_\_\_\_ Less: Federal @ State Tax, FICA \$ \_\_\_\_\_ IRA/Keogh Account: \$ \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_ Less: Other Deductions \$ \_\_\_\_\_ Retirement, 401(k), 403(B)s, etc, \$ \_\_\_\_\_

Overtime: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ CDs: \$ \_\_\_\_\_

Child Support/Alimony\*: \$ \_\_\_\_\_ Total Gross Income: \$ \_\_\_\_\_ Stocks/Bonds: \$ \_\_\_\_\_

Taxable SS benefits or other monthly income from annuities or retirement plans: \$ \_\_\_\_\_

Tips, Commissions, bonus and self-employed income: \$ \_\_\_\_\_

#### Household Assets

(associated with the property and/or borrower) \_\_\_\_\_ Other Cash on Hand : \$ \_\_\_\_\_

Checking Account(s) \$ \_\_\_\_\_

Other Real Estate \$ \_\_\_\_\_

Rent Received \$ \_\_\_\_\_ Checking Account(s) \$ \_\_\_\_\_ (Estimated Value) \_\_\_\_\_

Unemployment Income: \$ \_\_\_\_\_ Savings/Money Market \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_

Food Stamps/Welfare: \$ \_\_\_\_\_

\*Notice: Alimony, Child Support, or separate maintenance income need not be revealed if you choose not to have it considered for repayment.

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Monthly Household Expenses	Amount	Remaining Balance	Comments
Mortgage			
2nd Mortgage			
Rent/Other Mortgage			
Home Equity 1			
Home Equity 2			
HOA/Fees/Dues			
Alimony/Child Support Payments			
Child/Dependent/Elderly Care			
Entertainment			
Insurance (auto, health, life)			
Pet Expenses			
Groceries/Toiletries			
Car Expenses (gas, maint., etc.)			
Automobile Loan(s), List All:			
Credit Card (1) _____			
Credit Card (2) _____			
Doctor/Medical Bills			
Student Loans			
Personal Loans			
<b>Utilities</b>			
Cable TV/Satellite			
Electricity			
Natural Gas/Oil/Pellets/Wood			
Telephone/Cell Phone			
Water/Sewer			
Mortgage			
Internet			
Other (please list all examples: Spending money, Lunch money, Tuition, Tithing, etc.)			
<b>Total</b>			

\*Any additional items/expenses per month – not listed, please feel free to include on a separate sheet of paper and include with packet.

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## THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE

Please complete and return if you want us to speak with any designated third party on your behalf.

Account Number: \_\_\_\_\_ Name: \_\_\_\_\_

Property Address: \_\_\_\_\_



### Before you sign this authorization, please.....

- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual other than as required by your mortgage company in connection with forgiving the debt.
- Never make your mortgage payments to anyone other than your mortgage company without their written approval.

NOTE: No information concerning your account will be provided until we have received this executed document. The **authorization needs to be in the name of an individual (not a company)** and a form needs to be completed for each authorized individual. All parties on the Mortgage/Loan/Note/or both must sign.

I/we do hereby authorize my lender/mortgage servicer to release or otherwise provide to:

\_\_\_\_\_ of \_\_\_\_\_ my  
Name Company Name

\_\_\_\_\_ Phone # \_\_\_\_\_ Email  
Relationship

All Public and Non-Public personal financial information contained in my loan account which may include, but is not limited to, loan balance, final payoff statement, loan payment history, payment activity, and/or property information.

I/we understand that the lender/ mortgage servicer will take reasonable steps to verify the identity of the third party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my/our account or seeks information about my account. Further, the lender/ mortgage servicer shall have any responsibility or liability for what the requestor may do with my/our information he/she obtains concerning my/our account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/ mortgage servicer which I/we and/or my heirs may have resulting from the lender/ mortgage servicer discussing my/our loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

My/our agreement to this Authorization and the terms of the Release as stated above are endorsed by my/our signature(s) below. Please sign, date, and return with the Financial Form

\_\_\_\_\_ Borrower Print Name \_\_\_\_\_ Borrower Signature \_\_\_\_\_ Date

\_\_\_\_\_ Co-Borrower Print Name \_\_\_\_\_ Co-Borrower Signature \_\_\_\_\_ Date

# Financial Assistance Application



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## THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE

I/we agree as follows: My/our Lender/Mortgage Servicer may discuss, obtain and share information about my/our mortgage and financial situation with third parties regarding a possible alternative to foreclosure. Negotiations for a possible foreclosure alternative will not constitute a waiver of or defense to my Lender's/Mortgage Servicer's right 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 Lender/Mortgage Servicer. The information herein is an accurate statement of my financial status.

I consent to the servicer obtaining a current credit report for the borrower and co-borrower.

**It is a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of title 18, United States Code, Section 1001.et seq.**

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Borrower: \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Borrower: \_\_\_\_\_

**\*\*Please be advised that when requesting assistance on your loan(s); if we are able to modify your loan – this may affect current insurance policies you have on your existing loans (such as your policy being canceled and/or not covering the new terms/money added to your loan through the modification). It is your responsibility to inquire on this prior to agreeing to any modification proposals provided to you.**

**\*\*Please also be advised that any loans being reviewed for a Modification must have escrow included; if your taxes are not escrowed – it will be a requirement through the Modification to have them escrowed**



## **Right to Receive a Copy of an Appraisal Disclosure**



We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly provide you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use and at your own cost.

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

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<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) NBT Bank, N.A., ATTN: Special Assets, 52 S. Broad St., Norwich NY 13815 - Phone 607-337-6591	
<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 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.

|    /    /    |    /    /    |    /    /    |    /    /    |

**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

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/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**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 "Get 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 shows two different addresses, send your request to the address based on the address of your most recent return.

**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 5.** 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 "999999999" 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.

**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(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-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-6526  
Washington, DC 20224

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

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