

****NEW IRS FORM****

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. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)			
i. First name Taxpayer first name	ii. Middle initial	iii. Last name/BMF company name Taxpayer last name or Business Name	i. Spouse's first name 2nd Taxpayer ONLY if ordering a joint 1040	ii. Middle initial	iii. Spouse's last name	
1b. First taxpayer identification number (see instructions) SSN/TIN or EIN for Business transcripts			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) 2nd Taxpayer ONLY if ordering a joint 1040			
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a			
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)						
a. Street address (including apt., room, or suite no.) Taxpayer Current Filing Address including Apt #, Ln, Ave, Rd, St - place street, city, state, & ZIP in marked boxes			b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)						
a. Street address (including apt., room, or suite no.) Previous Address Taxpayer filed with the IRS, include all street information - place street, city, state, & ZIP in marked boxes			b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address						
i. IVES participant name Leave blank		ii. IVES participant ID number Leave blank		iii. SOR mailbox ID Leave blank		
iv. Street address (including apt., room, or suite no.) Leave blank			v. City Leave blank	vi. State Leave blank	vii. ZIP code Leave blank	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))						
i. Client name Your Mortgage Company Name (e.g. ABC Mortgage)				ii. Telephone number Mortgage Company Phone		
iii. Street address (including apt., room, or suite no.) Mortgage Company Address - place street, city, state, & ZIP in marked boxes			iv. City	v. State	vi. ZIP code	
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. 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 for line 6 transcripts List Form Type Needed (1040, 1065, or 1120) - only ONE tax form number per request						
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>		
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. For Wage & Income transcript requests, List Form Type Needed Here (W2 or 1099)						
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers						
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>				
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 whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request is for a joint return, both spouses must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If the request is for a decedent's return, the executor, receiver, administrator, trustee, or other person authorized to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the date of the signature.						
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.						
Signature for Line 1a (see instructions) Signature of Taxpayer			Date Sign Date NO Older than 120 Days	Phone number of taxpayer on line 1a or 2a		
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed			
Print/Type name Print of Type Name of Taxpayer						
Title (if line 1a above is a corporation, partnership, estate, or trust) Business Title, if requesting a Business Transcript 1120 or 1065						
Spouse's signature (required if listed on Line 2a) Signature of 2nd Taxpayer						Date Sign Date NO Older than 120 Days
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed			
Print/Type name Print or Type Name of 2nd Taxpayer						

Mark appropriate box

List all years OR Tax Period needed

Box MUST be Checked

Box MUST be checked if Electronically Signed