Form **4506-C** (October 2022) Department of the Treasury - Internal Revenue Service

## **IVES Request for Transcript of Tax Return**

\*\*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.

4. 0					2. 0							
1a. Curren		C. Middle Johns	iii Lastaana (D	UE				cripts are requested for both taxpayers)				
i. First nan	ne	ii. Middle initial		MF company name	i. Spouse's fir			iii. Spouse's last name				
Taxpaye	er first name		Taxpayer last	name or Business Name		2nd Taxpaye	er UNLY IT orde	ering a joint 1040				
1b. First taxpayer identification number (see instructions)					2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)							
SSN/TIN or EIN for Business transcripts					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							
						previous name snot						
i. First nan	ne	ii. Middle initial	iii. Last name		i. First name		ii. Middle initial	iii. Last name				
<ol><li>Current</li></ol>	address (includi	ng apt., room, or s	uite no.), city, stat	te, and ZIP code (see instruc	ctions)							
a. Street address (including apt., room, or suite no.)							c. State	d. ZIP code				
Taxpayer Current Filing Address including Apt #, Ln, Ave, Rd, St - place street, city, state, & ZIP in marked boxes												
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.) b. City c. State d. ZIP code												
Previous Address Taxpayer filed with the IRS, include all street information - place street, city, state, & ZIP in marked boxes												
5a. IVES p	articipant name,	ID number, SOR	mailbox ID, and a	ddress	-		-					
i. IVES par	rticipant name				ii. IVES partio	pipant ID number	iii. SOR mailbox	ID				
		Leave blank			Leav	e blank	Leave bl	ank				
iv Street a	address (includin	g apt, room, or su			v. City		vi. State	vii, ZIP code				
IT. Outerre	indicas (monutain	Leave blan				e blank	Leave blank	Leave blank				
			-				C. C					
5b. Custor	ner file number (	if applicable) (see	instructions)		5c. Unique id	entifier (if applicable	) (see instructions	)				
5d. Client	name, telephone	number, and add	ress (this field car	nnot be blank or not applical	ble (NA))							
i. Client na								ii. Telephone number				
		tgage Company	Name (e.g. A	BC Mortgage)				Mortgage Company Phone				
iii. Street a	address (includin	a apt., room, or su			iv. Citv	0.710.1	v. State	vi. ZIP code				
		IV	lortgage Comp	pany Address - place st	reet, city, sta	ate, & ZIP in mar	ked boxes					
Caution: T	his tax transcrip	t is being sent to the	he third party ente	ered on Line 5a and/or 5d. E	nsure that lines	5 through 8 are con	npleted before sig	ning. (see instructions)				
		-					<u> </u>					
		Enter the tax form	number here (104	0, 1065, 1120, etc.) and che	eck the appropr	iate box below. Ente	er only one tax for	m number per request for line 6				
transcrip	ots			<ol> <li>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</li> </ol>								
		Form Type Nee	eded (1040, 10	65, or 1120) - only ONE	tax form nu	nber per reques	t					
	List	Form Type Nee	eded (1040, 100 b. Account			mber per reques Record of Account		Mark appropriate box				
a. Return 1	List		b. Account					Mark appropriate box				
a. Return 1	List	Form Type Nee	b. Account					Mark appropriate box				
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