homepoint

Home Point Financial Corporation
11511 Luna Road, Suite 200
Farmers Branch, TX 75234
www.homepointfinancial.com

We Care and Want to Help!

Dear Homeowner(s):

We want you to know that we are here to help and it's critical that you work with us on a resolution for any issues that affect your ability to make timely mortgage payments.

We may have some options available to you including, but not limited to a repayment plan, loan modification, forbearance, short sale, and deed-in-lieu of foreclosure. In order for us to be able to review your account for all available loss mitigation options, please complete the enclosed Loss Mitigation Application Package and provide all the required documentation.

All steps of the application must be completed, including signatures and supporting documentation.

- Once you submit your Loss Mitigation Application, we will review your file to determine if your application is complete. It is important that you promptly respond to any requests from Home Point for additional items that we may need to complete your application.
- Once your Loss Mitigation Application is complete, we will review your file within 30 calendar days and provide a written response to let you know what options may be available or, if necessary, send you a notice outlining any delay due to the need for information from a third party (Example: Delayed appraisal, BPO or title search) .
- If you are not eligible for a loss mitigation option, you will be sent a notice outlining all of the options you were reviewed for and the applicable reasons you were denied for those specific options.

While we are reviewing your application, you may receive phone calls and/or letters may be received from our office asking for a payment while we consider any options that may be available.

In order to be reviewed for Loss Mitigation Assistance, you must return this application package as soon as possible. **Applications received less than 10 days prior to a foreclosure sale may not be reviewed, unless otherwise provided by state or federal law.**

Send completed documentation to one of the following below:

Mail:
Home Point Financial
Attn: Loss Mitigation
11511 Luna Road, Suite 200
Farmers Branch, TX 75234

Fax:
877-408-8154
Email:
BorrowerAssistance@homepointfinancial.com

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While being reviewed for Loss Mitigation options we may need to validate the value of the property by ordering an appraisal, automated valuation model or broker price opinion. If that occurs, you may be assessed the cost of the valuation. You are entitled to receive a copy of any valuation developed in connection with an application for credit.

Please also note:

- If approved for a Loss Mitigation option, we will follow standard industry practice and report to the major credit reporting agencies that your mortgage was modified or was settled for less than the total amount due, as applicable. We have no control over or responsibility for the impact of this reporting on your credit score.
- If Loss Mitigation review results in an approval there may be tax consequences. To determine whether or to what extent you have any tax liability, you are encouraged to contact a tax professional.
- Most modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently have an escrow account for the payment of taxes and insurance, one will be added.
- Clear title is may be required in order to proceed with a Loss Mitigation option.

If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services.

If you have any questions in this regard, please do not hesitate to contact us at (800) 686-2404 Monday through Friday, 7 a.m. to 7 p.m. Central Time or email us by registering your account on our website at www.homepointfinancial.com and selecting "My Account."

Thank you,

Home Point Financial

Home Point Financial Corporation is a debt collector. Home Point Financial Corporation is attempting to collect a debt and any information obtained will be used for that purpose. However, if you are in bankruptcy or received a bankruptcy discharge of this debt, this communication is not an attempt to collect the debt against you personally, but is notice of a possible enforcement of the lien against the collateral property.

Home Point Financial Corporation d/b/a Homepoint. Home Point Financial Corporation does not conduct business under the name, "Homepoint" in IL, KY, LA, MD, NY, or WY.

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Document Checklist

The documentation below **must** be included for all applicants to determine eligibility for potential loss mitigation options. Please ensure all items are included. If you have questions concerning this package please contact us toll-free at (800) 686-2404 Monday through Friday, 7 a.m. to 7 p.m. Central Time. Please note if further documentation is needed to clarify the below requirements, we may request it.

☐ **Mortgage Assistance Application:** Pages 1-4 must be completed. Please do not leave any columns or sections blank. If a category does not apply to you, you may use a zero or "N/A".

☐ **Borrower Expense Form:** Please do not leave any columns or sections blank. If you do not have certain expenses for a category, you may use a zero or "N/A."

☐ **IRS 4506-C Form:** Each applicant must fill in their first & last name, address, Social Security number, and sign & date the bottom of the form.

☐ **Most Recent Filed Tax Return:** Must include ALL pages and schedules. Tax transcripts are not acceptable.

Proof of Income: Please provide paperwork for EVERY source of income received on a regular basis.
At a minimum, all income reported on tax returns & shown on bank statements must be provided.

Paid by an Employer:

- ☐ 30 days of the most recent (consecutive) paystubs ***AND***
- ☐ Documentation showing your official start date.

Self-Employed*:

- ☐ 3 most recent (consecutive) monthly profit & loss statements: Must include gross income, itemized expenses, net income, personal name, and company name. 12 most recent (consecutive) monthly profit and loss statements are required for USDA loans.

Rental Income:

- ☐ Lease agreements ***AND***
- ☐ Bank statements showing 2 most recent (consecutive) rental deposits.

Income from Social Security, Disability, Unemployment, Pension, Food Stamps, or Public Assistance:

- ☐ Most recent award letter or legal agreement stating the amount, frequency, and duration of benefits.

Income from Alimony or Child Support*:

- ☐ Do you want us to consider Alimony or Child support income for repaying this loan?
  - ☐ Yes ☐ No
- ☐ If yes, please provide the legal agreement that states the amount, frequency, and duration of the income.

Bank Statements: Must provide ALL pages, including pages intentionally left blank.

Personal Accounts:

- ☐ 2 most recent (consecutive) statements showing applicant's name, address, account number, and bank name.

Business Accounts:

- ☐ 3 most recent (consecutive) statements showing business name, address, account number, and bank name.

☐ **Hardship Letter:** Must describe the circumstance(s) that caused the account to fall behind. If any applicant is not receiving income please document in this letter.

☐ **3rd Party Authorization Form:** Required if allowing a 3rd party to access your mortgage information.

☐ **Non-Borrower Credit Authorization Form:** Required if you will be using additional income from a person not currently listed on the mortgage. Please note all information from the checklist is also required for nonborrowers.

*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.

Additional Document Checklist for Pre-Foreclosure Sale

In addition to the required documents stated above, the following additional documentation below **must** also be included for all applicants to determine eligibility for potential pre-foreclosure sale. Please ensure all items are included. If you have questions concerning this package please contact us at (800) 686-2404. Please note if further documentation is needed to clarify the below requirements, we may request it.

☐ **Current Listing Agreement:** Must be signed and dated by all parties.

☐ **Current Sales Contract:** Must be current sales contract fully executed by all parties.

☐ **Closing Disclosure:** Must include all appropriate information including estimated closing date and title company information.

☐ **Proof of funds:** Required.

☐ **3rd Party Authorization for Real Estate Agent:** Required.

Loan number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, via to mail: Home Point Financial Corporation, Attn: Loss Mitigation, 11511 Luna Road, Suite 200, Farmers Branch, TX 75234, fax: (877) 408-8154, or email: BorrowerAssistance@homepointfinancial.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Home Point Financial at 800-686-2404.

If you are experiencing a financial hardship you may be eligible for mortgage assistance from your state's housing finance agency or other state or local government agency.

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.

For additional information on how to avoid foreclosure, including help for military servicemembers, you may also visit Fannie Mae's www.KnowYourOptions.com, if Fannie Mae is the owner of your mortgage loan or Freddie Mac's My Home web site at http://myhome.freddiemac.com, if Freddie Mac is the owner of your loan.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply): ☐ Cell phone ☐ Home phone ☐ Work phone ☐ Email ☐ Text—see Borrower Certification and Agreement #7, which confirms your consent for text messaging.

Is either borrower on active duty with the military (including the National Guard and Reserves), 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? ☐ Yes ☐ No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property
- The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant
- I want to: ☐ Keep the property ☐ Sell the property ☐ Transfer ownership of the property to my servicer ☐ Undecided

Is the property listed for sale? ☐ Yes ☐ No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? ☐ Yes ☐ No – If yes, indicate monthly dues: $_____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

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

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	**REQUIRED HARDSHIP DOCUMENTATION**
☐ Unemployment	▪ Not required
☐ Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	▪ Not required
☐ Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	▪ Not required
☐ Disaster (natural or man-made) impacting the property or borrower's place of employment	▪ Not required
☐ Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	▪ 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
☐ Divorce or legal separation	▪ Final divorce decree or final separation agreement **OR** ▪ Recorded quitclaim deed
☐ Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	▪ Recorded quitclaim deed **OR** ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
☐ Death of borrower or death of either the primary or secondary wage earner	▪ Death certificate **OR** ▪ Obituary or newspaper article reporting the death
☐ Distant employment transfer/relocation	▪ **For active duty service members**: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ **For employment transfers/new employment**: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, **AND** ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
☐ Other – hardship that is not covered above: _____ _____ _____ _____ _____	▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	$	▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub **OR** ▪ Two most recent bank statements showing income deposit amounts
Self-employment income	$	▪ Two most recent bank statements showing self-employed income deposit amounts **OR** ▪ Most recent signed and dated quarterly or year-to-date profit/loss statement **OR** ▪ Most recent complete and signed business tax return **OR** ▪ Most recent complete and signed individual federal income tax return
Unemployment benefit income	$	▪ No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	$	▪ Two most recent bank statements showing deposit amounts **OR** ▪ Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	$	▪ Two most recent bank statements showing deposit amounts **OR** ▪ Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	$	▪ Two most recent bank statements demonstrating receipt of rent **OR** ▪ Two most recent deposited rent checks
Investment or insurance income	$	▪ Two most recent investment statements **OR** ▪ Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	$	▪ Two most recent bank statements showing receipt of income **OR** ▪ Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	$
Savings, money market funds, and Certificates of Deposit (CDs)	$
Stocks and bonds (non-retirement accounts)	$
Other:	$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my 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.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to 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 of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. 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, (e) my payment history and information about my account balances and activity, and (f) my tax return and information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, via call or text message, or email to any address I have provided to the lender, servicer, or authorized third party.* *This consent will remain valid for future communications unless expressly revoked.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, via mail to: Home Point Financial Corporation, Attn: Loss Mitigation, 11511 Luna Road, Suite 200, Farmers Branch, TX 75234, fax: (877) 408-8154, or via email: BorrowerAssistance@homepointfinancial.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.

For all first lien mortgage accounts: You have the right to receive a copy of all written appraisals or valuations developed in connection with a loan modification application.

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Hardship Letter

Please describe the circumstance(s) in detail that caused the accountt o fall behind. Also, if an applicant is not receiving income, please explain in this letter. Please do not send medical information. As required by law, we are prohibited from obtaining or using medical information (e.g., diagnosis, treatment or prognosis) in connection with your eligibility or continued eligibility for credit. We will not use it when evaluating your request and it will not be retained.

_____	_____	_____	_____
Borrower Signature	Date	Co-Borrower Signature	Date

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Borrower Expense Form

Borrower Information	
BORROWER'S NAME:	LOAN NUMBER:
CO-BORROWER'S NAME:	PROPERTY ADDRESS:
Monthly Expenses	
Electric	$
Heat/Gas	$
Water	$
Garbage/Sewer	$
Cell Phone	$
Internet	$
Cable/Satellite	$
Insurance (Life, Health) **If not deducted from your paycheck*	$
Insurance (Auto)	$
Miscellaneous Housing Expenses	$
Transportation (Fuel)	$
Food	$
Spending/Other	$
Dependent Care	$
Medical	$
Job Related Expenses	$
TOTAL	**$**

Borrower/Co-Borrower Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in the form is truthful.
2. The accuracy of this information may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(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 laws.

_____ _____ _____ _____

Borrower Signature Date Co-Borrower Signature Date

*This form is utilized to supplement page 2 of the Mortgage Assistance Application Form. The "Total" on this form should be entered in the "Other" field listed under "Monthly Household Expenses and Debt Payments" section.

**An authorized third party may include, but is not limited to; a counseling agency, Housing Finance Agency or other similar entity assisting me in obtaining a foreclosure prevention alternative.

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Profit and Loss Statement

If you receive self-employment income, please use the template below as a guide to create a profit and loss statement for your three most recent & consecutive months' business finances. If you have multiple businesses, we require a profit and loss statement for each business. Personal expenses should not be documented on this form.

All boxes must be filled in. If a box does not apply to you, write "N/A" or "0."

Business Name and Borrower Name

What percentage of your business, if any, do you own? _____

Date: MM/YY	Month 1 ____/____	Month 2 ____/____	Month 3 ____/____	Totals
Gross Profit	$	$	$	$
Itemized Operating Expenses				
Advertising	$	$	$	$
Amortization	$	$	$	$
Auto Expenses	$	$	$	$
Bank Charges	$	$	$	$
Dues & Subscriptions	$	$	$	$
Employee Benefits	$	$	$	$
Insurance	$	$	$	$
Interest	$	$	$	$
Office Expenses	$	$	$	$
Payroll Taxes	$	$	$	$
Rent	$	$	$	$
Repairs & Maintenance	$	$	$	$
Salaries & Wages for Yourself	$	$	$	$
Salaries & Wages for Employees	$	$	$	$
Supplies	$	$	$	$
Taxes & Licenses	$	$	$	$
Telephone	$	$	$	$
Utilities	$	$	$	$
Other	$	$	$	$
Total Operating Expenses	$	$	$	$
Personal Income Taxes	$	$	$	$
Net Profit	$	$	$	$

_____ _____ _____ _____

Borrower Signature Date Co-Borrower Signature Date

Home Point Financial Corporation
1151 Luna Rd
Suite 200
Farmers Branch, TX 75234
NMLS# 7706

Third Party Authorization Form

Mortgage Information	
Homepoint Borrower(s) Name:	Homepoint Loan Number:
Property Address:	Last 4 Digits of Borrower's SS#:
Third Party	
Third Party Name:	Relationship to Customer:
Third Party's Phone:	Third Party's Fax:
Third Party's Email Address:	Would you like this authorization to expire after one year? **Yes ☐ No ☐**
Third Party's Address:	
Please include any information that may help us better verify the third party when they contact Homepoint:	

I/we do hereby authorize the third party listed above to obtain public and non-public personal financial information contained in my Home Point Financial Corporation ("Homepoint") mortgage account which may include, but is not limited to, loan balances, payment activity/history, property information, the amount to pay off the loan, and/or obtain a payoff statement. Authorizing a Third Party will not allow them to make account-level changes (such as changes to the address, phone number, etc.). By executing this form, I am hereby authorizing Homepoint to discuss all matters regarding my account to the third party listed above. My signature approves the authorization of the third party.

_____ _____

Borrower Signature *Date*

_____ _____

Co-Borrower Signature (if applicable) *Date*

Please return completed form via mail, fax or online:

Mail:
Homepoint
11511 Luna Road, Suite 200
Farmers Branch, TX 75234

Fax: (866) 761-9159

Email:
Send us your completed form via email to the following address: WeCare@hpfc.com

Home Point Financial Corporation does not conduct business under the name, "Homepoint" in IL, KY, LA, MD, NY, or WY. In these states, the company conducts business under the full legal name, Home Point Financial Corporation.

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Home Point Financial Corporation
11511 Luna Road, Suite 200
Farmers Branch, TX 75234
www.homepointfinancial.com

Non-Borrower Credit Authorization Form

Your Mortgage Assistance Application (Form 710) indicates that a non-borrower contributes to your total household income. For our purposes, a "non-borrower" is an individual who resides in your home and contributes to the household income but is not personally obligated on your mortgage loan. As part of the evaluation process, a Credit Authorization Form must be completed and signed by each non-borrower.

Note: Updated or additional documents may be required. Copies of this form may be used if you have more than one non-borrower contributing to your total household income. Please have the non-borrower fully execute the below **NON-BORROWER CREDIT AUTHORIZATION FORM.**

NON-BORROWER CREDIT AUTHORIZATION FORM TO OBTAIN CONSUMER CREDIT REPORT

The undersigned non-borrower certifies the following:

1. I am an occupant of Property Address;
2. I contribute to the total household income of the Property;
3. I understand and acknowledge that Home Point Financial is evaluating the mortgage loan that is secured by the Property for all available loss mitigation options;
4. I hereby authorize Home Point Financial, or its designated agent, to obtain and review a consumer credit report containing my credit history and other non-public information as part of its evaluation process.

This Authorization shall constitute the undersigned's agreement to allow Home Point Financial to obtain a copy of a consumer credit report in the manner permitted by the Fair Credit Reporting Act.

_____ _____ _____

Name (Non-Borrower) Signature (Non-Borrower) Date

_____ - _____ - _____ _____

Social Security Number (Non-Borrower) Date of Birth (Non-Borrower)

Form **4506-C** (September 2020)

Department of the Treasury - Internal Revenue Service

IVES Request for Transcript of Tax Return

OMB Number 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-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)*

12 / 31 / 2019 12 / 31 / 2018 / / / /

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.

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

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 "9999999999" 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 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.