

# Request for Workout Option



Mortgage Loan #: \_\_\_\_\_ Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, am requesting that the Mortgage Service Center review my financial  
(name)  
situation to see if I qualify for a Workout Option to avoid foreclosure.

I am having difficulty making my monthly mortgage payment due to financial hardship. The primary reason for this financial hardship is:

*(Please check the entry that best describes your situation. Check only one entry.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Mortgage payment increase    |
| <input type="checkbox"/> Separation or divorce | <input type="checkbox"/> Business failure             |
| <input type="checkbox"/> Death of spouse       | <input type="checkbox"/> Damage to property           |
| <input type="checkbox"/> Job relocation        | <input type="checkbox"/> Medical bills                |
| <input type="checkbox"/> Military service      | <input type="checkbox"/> Illness                      |
| <input type="checkbox"/> Reduced income        | <input type="checkbox"/> Incarceration                |
| <input type="checkbox"/> Excessive debts       | <input type="checkbox"/> Other (please specify) _____ |

Please use the following space to briefly explain your financial hardship.

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I believe that my financial hardship is:  temporary  permanent

I would like to participate in a Workout Option:  yes  no

I would like to keep my property:  yes  no

If there are additional liens on this property, please fill out the name or company/firm that is holding the second lien.

\_\_\_\_\_  
Lien Holder's Name

\_\_\_\_\_  
Amount of Lien



**PLEASE SIGN HERE**

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower's Signature

\_\_\_\_\_  
Date

**Mortgage Service Center**

(Please Print)

**Authorization to Disclose Information**

Mortgagor Name(s): \_\_\_\_\_

Loan Number: \_\_\_\_\_

This document will authorize the servicer of my loan, and any and all parties affiliated to disclose to:

Deborah Priebe

Name of Representative

Elegant Properties / Short Sale Success

Company

762-990-4373

Phone Number

denise@sss-lv.com / depriebe@sss-lv.com

Email

any and all information, records or reports concerning my mortgage loan, as fully and freely as they would disclose such information to me, excluding consumer reporting information. Except as expressly provided for herein, this authorization does not affect or change any previous elections I may have made to opt-out of your information sharing practices.

It is my intent that this authorization serves as my consent to provide a full disclosure to the above party of any and all information in any circumstances where my consent may be required or requested. It does not authorize the above party to take any action on my account including but not limited to demographic changed, loan documents requests, payment applications or reversals, etc., nor does it allow for the disclosure of consumer reporting information.

When disclosing information regarding my account, the above party will need to provide this password:

\_\_\_\_\_  
Password - Optional (Please Print)

A photocopy and/fax copy of this authorization shall be considered to be as valid as the original.

This authorization will remain effective until my mortgage servicer received notification of revocation in writing at the address below or until:

\_\_\_\_\_  
Print Date

By signing here, you are authorizing my mortgage loan servicer to discuss with the above named party, information regarding my mortgage as described above.

\_\_\_\_\_  
Mortgagors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mortgagors Signature

\_\_\_\_\_  
Date

**Please Mail, fax or email this completed authorization to:**

Mortgage Service Center

P.O. Box 5452

Mt. Laurel, NJ 08054

Fax: (856) 917 - 2848

Email: [HAT@MORTGAGEFAMILY.COM](mailto:HAT@MORTGAGEFAMILY.COM)

Mortgage Loan #: \_\_\_\_\_ Property Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ am requesting that Mortgage Service Center to review my financial situation to see if I qualify for a Workout Option to avoid Foreclosure. Workout Option to avoid Foreclosure.

I am having difficulty making my monthly payments because of financial difficulties created by: (Please check the one that CLOSEST matches your situation or use the or use the "other field to briefly describe your situation)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Unemployment                  | <input type="checkbox"/> Reduced Income     | <input type="checkbox"/> Divorce       |
| <input type="checkbox"/> Separation                    | <input type="checkbox"/> Excessive Debts    | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Death of Spouse               | <input type="checkbox"/> Payment Increase   | <input type="checkbox"/> Illness       |
| <input type="checkbox"/> Job Relocation                | <input type="checkbox"/> Business Failure   | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Military Service              | <input type="checkbox"/> Damage to Property |  |
| <input type="checkbox"/> Other (please specify): _____ |   |  |

Explain Hardship: \_\_\_\_\_ \*\*PLEASE SEE HARDSHIP LETTER\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that my situation/hardship is:  Temporary  Permanent

I would like to participate in a Workout Solution:  Yes  No

I would like to keep my property:  Yes  No

Are there any additional liens on this property to the best of your knowledge. If so, please fill out the name, company or firm that is holding that lien.

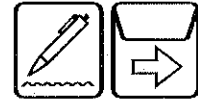
\_\_\_\_\_  
Lien Holder's Name

\_\_\_\_\_  
Amount of Lien

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Signature

# Borrower's Financial Statement



Loan #:	
Borrower Name:	Social Security #:
Mailing Address:	
Employer:	Position:
Employer Address:	Employer Phone:
Daytime Phone:	Evening Phone:
E-mail Address:	
Number of dependents at this address:	
Co-borrower Name:	Social Security #:
Mailing Address:	
Employer:	Position:
Employer Address:	Employer Phone:
Daytime Phone:	Evening Phone:
E-mail Address:	

<b>ASSETS/LIABILITIES</b>			
DESCRIPTION:	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Primary Residence:			
Other Real Estate:			
Automobile:			
Automobile:			
Checking Account:			
Savings Account:			
IRA/Keough Accts:			
401 (K) Acct:			
Stocks/Bonds/CDs:			
Boats:			
Collections/Art/Etc:			
Personal Items:			

<b>MONTHLY INCOME DATA</b>			
DESCRIPTION:	BORROWER	CO-BORROWER	TOTAL
Gross Pay:			
Overtime:			
Commissions:			
Bonus:			
Child Support:			
Rental Income:			
Other (Specify):			
		<b>NET INCOME TOTAL:</b>	

**ACKNOWLEDGEMENT and AUTHORIZATION**

ACKNOWLEDGEMENT: I obtained a mortgage loan secured by the above referenced mortgaged property. I have described my current financial condition in this Financial Statement form and I certify that all information presented herein, as well as all attachments is true, accurate, and correct to the best of my knowledge. I understand that submission of this information in no way obligates my Lender, Mortgage Servicer, Investor or Insurer to provide assistance to me.

AUTHORIZATION: By signing this Financial Statement, I hereby authorize my Lender, Mortgage Servicer, Insurer and their respective agents to order a credit report and verify any and all employment and account information.

**PLEASE SIGN HERE**

Borrower's Signature	Date	Co-borrower's Signature	Date
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# Monthly Expenditures

DESCRIPTION	MONTHLY DUE	BALANCE DUE	DELINQUENT? Y / N	NOTES
<b>Household Expenses:</b>				
Mortgage Payment				
Other Mortgages				
Non-escrow taxes / Insurance				
Homeowner / Condo / Co-op Assoc. Fees				
Alimony / Child Support				
Child Care				
Electric / Gas / Heat				
Water / Sewage				
Telephone / Internet				
Food for Household				
School / Work Lunches				
Clothing / Dry Cleaning				
Cable TV / Satellite				
<b>Total Household Expenses</b>	\$	\$		
<b>Credit Card Expenses:</b>				
VISA				
MasterCard				
Dept. Store Credit Card				
Other Credit Cards				
<b>Total Credit Card Expenses</b>	\$	\$		
<b>Auto Expenses:</b>				
Auto Loan #1				
Auto Loan #2				
Auto Insurance				
Gasoline				
Auto Repairs				
Parking				
<b>Total Auto Expenses</b>	\$	\$		
<b>Personal Loans:</b>				
Personal Loan #1				
Personal Loan #2				
<b>Total Personal Loans</b>	\$	\$		
<b>Insurance/Medical Expenses:</b>				
Health Insurance				
Life Insurance				
Doctors / Dentists				
Prescriptions				
Medical bills				
<b>Total Ins/Medical Expenses</b>	\$	\$		
<b>Miscellaneous Expenses:</b>				
Charity / Donations				
Union Dues / Club Dues				
Entertainment				
Sports / Hobbies				
Vacations				
Misc. Expense #1				
<b>Total Misc. Expenses</b>	\$	\$		
<b>TOTAL EXPENSES</b>	\$	\$		

**PLEASE NOTE:** DO NOT list bills in the MONTHLY DUE column if they are a "one time" debt.  
 Please note if any of the above bills are deducted from your paycheck.  
 Please note any loans which will be paid in full within the next 6 months.

# Hardship Affidavit



Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Property City, State, ZIP: \_\_\_\_\_

Loan Number: \_\_\_\_\_

In order to qualify for any offer by Mortgage Service Center ("Servicer") to enter into a workout agreement on my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

## BORROWER

Yes  No

## CO-BORROWER

Yes  No

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No

Yes  No

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No

Yes  No

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No

Yes  No

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No

Yes  No

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No

Yes  No

There are other reasons I/we cannot make our mortgage payments. If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 (print or type): \_\_\_\_\_

Name/Address of Interviewer's Employer: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Phone Number (include area code): \_\_\_\_\_

**Borrower/Co-Borrower Acknowledgment**

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified on this document has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/We understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law.
3. I/We understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/We understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/We certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
6. I/We certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/We understand that time is of the essence.
7. I/We understand that the Servicer will use this information to evaluate my/our eligibility for a workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_



# 4506-T

Form

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

## Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

- 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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, 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 30 calendar days . . . . .
  - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
  - 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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 45 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.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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, either husband or wife must sign. If signed by a corporate officer, partner, 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.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

**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 RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999  816-292-6102

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

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

**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. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**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.

**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 Internal Revenue Code 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.

**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.

## 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. Sections 6103 and 6109 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, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.