

General Third Party Authorization

Please send this completed authorization to:

Select Portfolio Servicing, Inc.
PO Box 65250
Salt Lake City, UT 84165
or
Fax: (801) 269-4405

SPS Loan Number: _____

SPS Customer(s) Name: _____

Property Address: _____

I (we) hereby authorize Select Portfolio Servicing, Inc. (SPS) to release, furnish, and provide any information related to the above-referenced loan to:

Third Party Name: Deborah Priebe
 Company Name: Short Sale Success / Elegant Properties LLC
 Relationship to Customer(s): Negotiator / Real Estate Agent / Broker
 Phone Number: 702-990-4373 Fax Number: 702-534-6357

(If the above authorization is a result of a Power of Attorney, Order of Guardianship/Conservatorship, or Administration of an Estate, please attach documentation verifying this authority)

If your authorization is for **other than a full account disclosure**, please indicate below which **limited information** you authorize SPS to release, furnish and provide to the above authorized third party:

<input type="checkbox"/> Verification of Mortgage <input type="checkbox"/> Payment History <input type="checkbox"/> Other _____	Payoff Statement as of Date _____ Please indicate the payoff reason: <input type="checkbox"/> Refinance with other company <input type="checkbox"/> Sale of property
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I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above. I agree that SPS will not be held responsible in any manner for relying upon or following the authorization and/or instructions I have given herein. I also agree that SPS has no responsibility to verify the identity of my authorized third party, nor will SPS be liable for anything my authorized third party may do with the information they obtain regarding my account. I acknowledge and agree that fees, as allowed by law and my loan documents, may be assessed to my account as a result of my authorized third party's request(s).

This authorization is valid for one (1) year from the date of receipt unless otherwise specified here: _____. If at any time I choose to revoke this authorization, it is my responsibility to notify SPS by calling SPS's Customer Service Department at (800) 258-8602.

Customer Signature _____ Date _____
 Co-Customer Signature _____ Date _____

Please allow up to three (3) business days after receipt for this authorization to be uploaded into your account.

▶ Loan I.D. Number _____

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security Number	Social Security Number

Property address (include city, state and zip): _____

I want to: Keep the Property Sell the Property

The property is my: Principal Residence Second Home / Seasonal Rental Year-Round Rental

The property is: Owner Occupied Tenant Occupied Vacant Other _____

HARDSHIP AFFIDAVIT

I (We) am/are requesting assistance.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other: _____

Explanation (continue on back of page 2 if necessary):

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
Has your bankruptcy been discharged? Yes No Bankruptcy case number _____

How many single-family properties, other than your personal residence, do you and/or your co-borrower(s) own individually, jointly, or with others? _____

ACKNOWLEDGEMENT AND AGREEMENT

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand and acknowledge that the Servicer, the owner or guarantor of my mortgage loan, or their respective agents may require me to provide additional supporting documentation.
3. I authorize and give permission to the Servicer and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I certify that the property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
5. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
6. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the 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.
7. I understand that my Servicer will collect and record personal information that I submit in this Hardship Affidavit and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity.
8. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature	Social Security Number	Date of Birth	Date
Co Borrower Signature	Social Security Number	Date of Birth	Date

HOMEOWNER'S HOTLINE

If you have questions about this document, please call us at (888) 818-6032.

If you have questions about financial counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

The information contained in these documents is subject to examination and verification. By signing this document you certify, represent and agree that: "all documents and information I have provided to my Servicer, including the documents and information regarding my hardship, are true and correct."

Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about Assistance Programs from your lender or a HUD-approved housing counselor
- 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 unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Request for Mortgage Assistance (RMA)

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options. If you are no longer experiencing a hardship, and you have funds available to bring the account current, please call us for the total amount due.

You will need to return (1) this completed, signed and dated Request for Mortgage Assistance (RMA); (2) a completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 7.

You may complete and submit this form online by logging into your account at www.spservicing.com and clicking the Request for Mortgage Assistance option. You may also upload the other required documents through the Submit Documents options.

When you sign and date this form, you will make important certifications, representations, and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION (REQUIRED)

Please provide at least one phone number in the section below:

BORROWER

BORROWER NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

HOME PHONE NUMBER WITH AREA CODE

WORK PHONE NUMBER WITH AREA CODE

CELL PHONE NUMBER WITH AREA CODE

By checking this box, I consent to being contacted at this cellular number

MAILING ADDRESS

CO-BORROWER

CO-BORROWER NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

HOME PHONE NUMBER WITH AREA CODE

WORK PHONE NUMBER WITH AREA CODE

CELL PHONE NUMBER WITH AREA CODE

By checking this box, I consent to being contacted at this cellular number

MAILING ADDRESS

SECTION 2: RESOLUTION PLAN (REQUIRED)

I want to: (Please check the option that applies)

Keep the property – Retaining the property requires bringing the account current through one of several options. The account will be evaluated for all eligible options from the list below:

A *modification* which includes adding the past due interest and other advances to the unpaid principal balance and adjusting the account terms and/or payment amount,

A *payment deferral* which brings the account current by deferring the payment of past due principal and interest amounts until the account is paid off or matures,

A *repayment plan* which brings the account current by adding a portion of the past due amount to the monthly payment for a period of up to 12 months, or An *unemployment forbearance plan* which requires monthly payments based on a percentage of the monthly benefit amount being received for a period of up to 6 months followed by either a reinstatement of the account or evaluation for other home retention options.

Sell the Property – Selling the property for less than the payoff amount is commonly referred to as a Short Sale. If you do not currently have an offer to purchase the property, you may be evaluated for a 60 day forbearance period in order to provide time to list the property and receive an offer.

Negotiate the Payoff – Paying off the account, through a refinance or other funds, for less than the payoff amount due is commonly referred to as a Short Payoff.

Surrender the property – Relinquishing the property and signing the deed to the owner of the account is commonly referred to as a Deed-in-Lieu of Foreclosure.

SECTION 3: HARDSHIP EXPLANATION (REQUIRED)

REQUIRED: Explanation of hardship. Please provide details and dates. (Continue on a separate sheet of paper if necessary. Please indicate "See Attached" in the space below if utilizing additional pages):

SECTION 4: EMPLOYMENT STATUS (REQUIRED)

Please check the status that applies:

At least one borrower is unemployed and receiving/will receive unemployment benefits Yes No
If Yes, a copy of your most recent unemployment benefits statement must be submitted with this document

SECTION 5: PROPERTY INFORMATION (REQUIRED)

This section must be completed with information pertaining to the property for which assistance is requested. If you are requesting assistance for multiple properties serviced by SPS, please complete a separate form for each property.

Property Address: _____ SPS Account Number: _____

Other mortgage or liens on the property Yes No (if "Yes", the Lien Holder/Service Name and Account Number are required)

Lien Holder/Service Name: _____ Account Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No (if "Yes", the Association Name, Monthly Fee and Payment Status are required)

Name and Address fees are paid to: _____ Monthly Fee \$ _____

Are fees paid current? Yes No

Is the property listed for sale? Yes No (if "Yes", the Listing Information and Offer details are required) List Date? _____

Listing Agent's Name: _____ Phone Number: _____

Have you received a purchase offer? Yes No Amount of Offer: _____ Closing Date: _____

SECTION 6: OCCUPANCY INFORMATION (REQUIRED)

This section must be completed with information pertaining to the property for which assistance is requested. If you are requesting assistance for multiple properties serviced by SPS, please complete a separate form for each property.

REQUIRED: I am requesting mortgage assistance with my principal residence Yes No
(If you selected "No", you must complete the remainder of this section)

This property is a Rental Second/Seasonal Home

Do you have a monthly mortgage or rent payment on your principal residence? Yes No (if "Yes", the Name and Account Number are required)

Lien Holder/Service Name: _____ Account Number: _____

Is the payment on your principal residence current? Yes No If "No", number of months your payment is past due (if known): _____

If requesting assistance with a rental property, property is currently:

- Vacant and available for rent
- Occupied without rent by your legal dependent, parent or grandparent as their principal residence
- Occupied by a tenant as their principal residence
- Other _____

If rental property is occupied by a tenant: Term of lease/occupancy / / - / / Gross Monthly Rent \$ _____
MM/DD/YYYY MM/DD/YYYY

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

SECTION 7: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER (REQUIRED)

This section must be completed with the details of the monthly household income and expenses, as well as the total of all assets for both the borrower and co-borrower on the account. Where "Other" is entered, please specify the income, expense or asset type.

Monthly Household Income		Monthly Household Expenses/Debt (*Primary Residence Expense Only)		Household Assets	
Monthly Gross Wages	\$	First Mortgage Principal & Interest Payment or Rent Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self-employment Income	\$	Homeowner's Insurance*	\$	Savings Account (s)	\$
Unemployment Income	\$	Property Taxes*	\$	Money Market	\$
Untaxed Social Security or Disability	\$	HOA/Condo Fees*	\$	CDs	\$
Food Stamps/Welfare	\$	Credit Card/Installment Payments (total minimum payment)	\$	Stocks/Bonds	\$
Taxable Social Security or Retirement Income	\$	Child Support/Alimony	\$	Other Cash on Hand	\$
Child Support/Alimony**	\$	Car Payments	\$	Value of all Real Estate except principal residence	\$
Tips, Commissions, Bonuses	\$	Mortgage Payments on Other Properties***	\$		
Gross Rents Received	\$	Utilities	\$		
Other _____	\$	Groceries	\$	Other _____	\$
Other _____	\$	Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$	Other _____	\$
Total Monthly Gross Income	\$	Total Monthly Expenses	\$	Total Assets	\$

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

*** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance.

Required Income Documentation

(We may request additional documentation to complete your evaluation)

All Borrowers	<p>Include:</p> <ul style="list-style-type: none"> ➤ Signed and dated IRS Form 4506-T or 4506T-EZ and ➤ Copy of the signed and dated most recent year's tax return
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date Job 1 (MM/DD/YY) _____ Borrower Hire Date Job 2 (MM/DD/YY) _____ Borrower Hire Date Job 3 (MM/DD/YY) _____ Co-borrower Hire Date Job 1 (MM/DD/YY) _____ Co-borrower Hire Date Job 2 (MM/DD/YY) _____ Co-borrower Hire Date Job 3 (MM/DD/YY) _____	<ul style="list-style-type: none"> ➤ For each borrower who is a salaried employee or hourly wage earner, provide the two (2) most recent pay stubs for each job and the number of months throughout the year that the wage is earned. Borrower Job 1 Employer Name: _____ Borrower Job 2 Employer Name: _____ Borrower Job 3 Employer Name: _____ Co -Borrower Job 1 Employer Name: _____ Co -Borrower Job 2 Employer Name: _____ Co -Borrower Job 3 Employer Name: _____
<input type="checkbox"/> Are you self-employed?	➤ Provide your most recent signed and dated quarterly or year-to date profit and loss statement. Include the percentage of ownership for the business.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	➤ Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	➤ Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and the two (2) most recent months proof of receipt of payment (such as bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<ul style="list-style-type: none"> ➤ Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them AND ➤ Copies of your two (2) most recent bank statements or deposit advices showing you have received payment. <p>Notice: Alimony, child support or separation maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</p>

Do you have income from rental properties that are not your principal residence?

➤ Provide your most recent Federal Tax return with all schedules, including Schedule E.

If rental income is not reported on Schedule E or the gross rental amount has changed, provide a copy of the current lease agreement with the two (2) most recent months proof of receipt of payment (such as bank statements or deposit advices).

Additional documentation may be required to evidence additional sources of income not mentioned above, proof of occupancy, property tax amounts, homeowner's association fees and additional lien payments. You can find the most current list of required information by logging into your account at www.spservicing.com and clicking on Assistance Program Status.

SECTION 8: OTHER PROPERTIES OWNED

You must provide information about all properties NOT listed in section 5 (the account for which you are requesting assistance) and section 6 (primary residence) that either the borrower or co-borrower own.

Other Property #1

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

Other Property #2

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

Other Property #3

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

Other Property #4

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

Other Property #5

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

Other Property #6

Property Address: _____ Account Number: _____ Current Value \$ _____

Servicer Name: _____ Mortgage Balance \$ _____ Monthly Mortgage Payment* \$ _____

Property is: Vacant Second or Seasonal Home Rented Gross Monthly Rent \$ _____ Monthly Taxes and Insurance** \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

**The amount of monthly property tax and insurance expense not included in the monthly mortgage payment.

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT (REQUIRED)

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has/have contributed to submission of this request for mortgage assistance.
2. I understand and acknowledge that the Servicer, the owner or guarantor of my mortgage, or their respective agents may require me to provide additional supporting documentation.
3. I authorize and give permission to the Servicer, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the account to investigate each borrower's eligibility for loss mitigation assistance and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I certify that my cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the 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.
8. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity.
9. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.
10. I understand that there may be tax implications for some assistance programs; and if approved for an assistance program, I will consult a tax advisor if I have questions about how completing the program may impact my taxable income.
11. I understand that my account will be reported to the credit reporting agencies to reflect any accepted and completed assistance program.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature

Social Security Number

Date of Birth

Date

Co-Borrower Signature

Social Security Number

Date of Birth

Date

If you have questions about this document please call your servicer.

If you need financial counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).

The Hotline offers free HUD certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about Foreclosure Prevention Programs from your lender.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent account.
- 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 unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Request for Transcript of Tax Return

OMB No. 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-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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, 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 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.	
Select Portfolio Servicing, Inc., PO Box 65250, Salt Lake City, UT 84165-0250, 888-818-6032	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. ▶ 1040

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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 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.

	/	/	/	/	/	/	/
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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.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. 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, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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. You can also designate (on line 5) a third party to receive the 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.

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 (TIN) 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 5b. 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 be blank 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.



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 and returned to you if the box is unchecked.

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
and Publications Division
Constitution Ave. NW, IR-6526 Washington, DC 20224

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