Mortgage Assistance Application
Homeowner Checklist

CROSSCOUNTRY MORTGAGE®

Steps to Complete Your Mortgage Assistance Application

Step 1: Application Forms

Complete the five (5) forms listed below:

- ☑ The Mortgage Assistance Application
- ☑ The Hardship Affidavit
- ☑ Sign and date the Borrower/Co-Borrower Acknowledgement and Agreement
- ☑ If you are self-employed, please complete, sign, and date the Profit and Loss Statement Worksheet
- ☑ Sign and date the 4506-C Form for all borrowers

Step 2: Tell Us About Your Hardship

Gather copies of any documentation to support your financial hardship. Please reference the Hardship Affidavit Form for a complete list of acceptable documentation that corresponds to the hardship you may be facing.

Step 3: Provide Income Information

Note: Below is a general list of income documents commonly required by investors, owners, insurers, or guarantors of mortgage loans. For FHA loans only, financial documentation is not needed or required as part of this process. If you have any questions on whether a document is required from or applicable to you, please contact us at (800) 224-7984.

If you or any borrower earns a wage (i.e., not self-employed), then provide:

- The most recent two (2) paystubs (all pages) with year-to-date (YTD) earnings included. If YTD earnings are not on the paystubs, provide other documentation showing YTD earnings in addition to the paystubs
- A Leave and Earnings Statement for Military Borrowers (if applicable)

If you or any borrower is self-employed, then provide any one of the following documents:

- The most recently signed and dated quarterly or year-to-date (YTD) Profit-and-Loss Statement for each company owned
- If you do not have a copy of the most recently signed and dated quarterly or YTD Profit-and-Loss Statement, please complete, sign, and date the Profit-and-Loss Worksheet enclosed for each company owned by each borrower
- A signed copy of the most recently filed federal individual or business tax return (all pages and all schedules) for each borrower
- If you have not filed your tax return yet, provide the most recent year IRS 1099 and/or W-2 forms to show self-employment income

If you or any borrower owns rental/investment property, then provide:

- The most recent fully executed lease agreement for each property
- If you do not have a lease agreement for any rental/investment property, provide either of the following:
  - Copies of the two (2) most recent month's proof of receipt showing receipt of such rent/payment; or
  - Copies of the two (2) most recent deposited rent checks, both front and back

If you or any borrower receives other income (such as, but not limited to: Social Security, public assistance, pension/annuities, dividends, royalties, loans, and/or death benefits), then provide the following:

- Any benefits statement or letter from the provider stating the amount, frequency, and duration of the benefit; or
- A copy of one (1) deposit slip OR copy of one (1) canceled check showing receipt of such payment

If you or any borrower receives investment or insurance income, then provide:

- A copy of the two (2) most recent investment statements

Although not required, if you would like us to consider alimony, separate maintenance, or child support, then you may provide either:

- Documentation, such as a copy of a divorce decree, separation agreement, or other similar agreement filed with the court, as applicable, that details the amount of payment received, the frequency of payment and continuation of payment (please note: payment must continue for at least 72 months); or
- A copy of two (2) most recent month's proof of receipt showing receipt of such payment

Although not required, if you would like us to consider additional income you may receive from a non-borrower spouse or boarder income received (income received from renting a room in your property), then you may provide:

- Copies of the two (2) most recent month's proof of receipt showing receipt of such payment; or other documentation showing the amount and frequency of the income
- Please list the non-borrower(s) name and relationship in the "**Explanation of Other Income/ Assets/ Expenses" section of the Monthly Borrower(s)/Household Income Form

Step 4: Provide Asset Information

Please provide copies of the following asset documentation for all borrowers:

- Copies of the most recent two (2) months of bank statements (all pages) showing income deposit amounts
- If applicable, copies of the most recent two (2) months of brokerage account statements (all pages)

Please note: Printed online bank statements are only acceptable if the account number and page number is visible. Any bank statement printed from an online account that does not include the account and page number will not suffice to meet this requirement.

Step 5: Provide Homeowner Insurance and Property Tax Information (If Applicable)

If your loan is not escrowed for homeowner's insurance and property taxes, please provide copies of:

- Your most recent homeowner's insurance declaration page
- Your most recent property tax bill from your taxing authority (county, city/town, or other)

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Step 6: Provide Property Sale Information (If Applicable)

If you have listed your property for sale or received a purchase offer for your property, please provide copies of the following documentation:

- The most recent fully executed property listing agreement
- If applicable, the most recent fully executed purchase offer (signed by all parties to the transaction)
- If applicable, the most recent Settlement or Closing Disclosure

Step 7: Submit Your Information

Send us your completed application by any of the below mentioned methods:

Email: Loss.Mitigation@YouAreHome.com
Fax: 877-343-2448

Mailing Address: CrossCountry Mortgage, LLC
P.O. Box 19409
Charlotte, NC 28219-9409

Please make sure all documents are signed before sending

Step 8: Next Steps

An acknowledgement letter will be sent to you within five (5) business days of receipt of your application. If any additional documentation to complete the application is required along the way, we will let you know.

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If you are experiencing a temporary or long-term hardship and need help, this form along with other required documentation must be completed and submitted to be considered for available solutions. On this page, the following information must be disclosed about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2, information about all your income, expenses, and assets must be disclosed. Then on Page 3, the Hardship Affidavit must be completed in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that must be submitted in support of your hardship claim. The information and documentation you provide will be used to help identify the assistance you may be eligible to receive. If you need assistance in completing this application, please contact us at (800) 224-7984.

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.

NOTICE: When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all the information in this Mortgage Assistance Application is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

Loan Number: _____ (usually found on your monthly mortgage statement)

I want to: ☐ Keep the Property ☐ Sell the Property Myself ☐ Transfer Ownership of Property to my Servicer ☐ Sell the Property via Short Sale ☐ Undecided

The property is currently: ☐ My Primary Residence ☐ Second Home ☐ Investment Property ☐ Estate/To Be Assumed

The property is currently: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
LAST 4 DIGITS OF SSN	DATE OF BIRTH	LAST 4 DIGITS OF SSN	DATE OF BIRTH
HOME NUMBER WITH AREA CODE		HOME NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	

PREFERRED CONTACT METHOD (choose all that apply)

☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Text (Checking this box indicates your consent for text messaging)

MAILING ADDRESS

PROPERTY ADDRESS (if same as mailing address, just write same)	EMAIL ADDRESS

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Is the property listed for sale? ☐ Yes ☐ No

If yes, what was the listing date? _____

If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of Offer: _____ Amount of Offer: $ _____

Agent's Name: _____

Agent's Phone Number: _____

For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit-counseling agency for help? ☐ Yes ☐ No

If yes, please complete the counselor contact information below:

Counselor's Name: _____

Agency's Name: _____

Counselor's Phone Number: _____

Counselor's Email Address: _____

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No

Total monthly amount: $: _____

Name and address that fees are paid to: _____

Have you filed for bankruptcy? ☐ Yes ☐ No If yes? ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filling date? _____ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy Case Number: _____

Is the borrower an active duty service member? ☐ Yes ☐ No

Has any borrower been deployed from his/her primary residence or received a Permanent Change of Station order? ☐ Yes ☐ No

Is either borrower on active duty with the military (including the National Guard and Reserve), 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

MONTHLY BORROWER/HOUSEHOLD INCOME FORM

Borrower Name: _____

Wage Earner(s) (Employed)		Self-Employed/Rental Income		Other Income	
Gross Wages (Pre-Tax)	$	Business Income (Less Expenses)	$	Social Security Income	$
Overtime	$	Rental Property 1	$	Pension/Annuities/ Retirement Plan	$
Tips/Gratuity	$	Rental Property 2	$	Stock Dividends	$
Commission	$	Rental Property 3	$	*Child Support/Separate M./ Alimony	$
Bonus Income	$	Rental Property 4	$	Unemployment	$
Car/Housing Allowance	$	Boarding Income/Room Rent	$	**Other Income (e.g., Royalty or Loans)	$
				Total Monthly Gross Income - Borrower	$

*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.

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MONTHLY CO-BORROWER/HOUSEHOLD INCOME FORM

Co-Borrower Name: _____

Wage Earner(s) (Employed)		Self-Employed/Rental Income		Other Income	
Gross Wages (Pre-Tax)	$	Business Income (Less Expenses)	$	Social Security Income	$
Overtime	$	Rental Property 1	$	Pension/Annuities/ Retirement Plan	$
Tips/Gratuity	$	Rental Property 2	$	Stock Dividends	$
Commission	$	Rental Property 3	$	*Child Support/Separate M./ Alimony	$
Bonus Income	$	Rental Property 4	$	Unemployment	$
Car/Housing Allowance	$	Boarding Income/Room Rent	$	**Other Income (e.g., Royalty or Loans)	$
				Total Monthly Gross Income - Co-Borrower	$

*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.

MONTHLY BORROWER(S) ASSET FORM

All Bank Account/Cash Balances		Investment Accounts/Other	
Other Cash on Hand	$	Stock/Mutual Fund Account(s)	$
Checking Account(s)	$	Bond Investment(s)/Account(s)	$
Saving Account(s)	$	Note(s) Receivable	$
Certified Deposit (CD) Account(s)	$	Trust Account(s)	$
Money Market Account(s)	$	**Other Asset(s) (Exclude: 401k, 529, IRA Accounts)	$
		Total Assets	$

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MONTHLY BORROWER(S) EXPENSE FORM

Monthly Housing Expenses		Monthly Transportation Expenses		Monthly Credit and Other Expenses	
First Mortgage Payment	$	Car Payments (lease or own)	$	Credit Cards (min. required pmt.)	$
Other Mortgage Payment/Rent	$	Car Insurance	$	Personal Loans (non-auto loans)	$
Homeowners or Renter's Ins.	$	Car Maintenance or Repair	$	Student Loans	$
Property Taxes	$	Gas	$	Alimony/Support	$
HOA/Condo Fees	$	Parking/Tolls	$	Clothing/Beauty/Barber/Cosmetics	$
Property Maintenance	$	Taxes:	$	Loans/Debts Payable to Others	$
**Other Housing Expense	$	**Other Transportation Expense	$	**Other Expenses	$

Monthly Utility Expenses		Monthly Medical Expenses		Monthly Food and Child Care Expenses	
Utilities (Gas, Electric, Water)	$	Health/Dental/Vision Insurance	$	Food/Groceries	$
Internet/Cable	$	Life Insurance	$	Child Care/Support	$
Trash Collection	$	Medical Prescriptions	$	School Tuition	$
Telephone	$	Medical Bills/Co-pays	$	School Materials (e.g., Books):	$
*Other Utility Expense	$	*Other Medical Expense	$	*Other Food/Child Care Expense	$
				Total Expenses	$

Real Estate Owned Schedule		
Property Address	Mortgage Payment	Property Use (Primary Residence, Secondary Home, Investment Property)

****Explanation of Other Income/Assets/Expenses**

Please Explain Source(s):

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HARDSHIP AFFIDAVIT FORM

(Provide a written explanation with this request describing the specific nature of your hardship)

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began is: _____

I believe my situation is:

- ☐ Ongoing but expected to be short term (resolved in the next six months)
- ☐ Ongoing and expected to be long term (resolved in more than six months)
- ☐ Resolved as of (date): _____
- ☐ My hardship is permanent

My affordability is:

- ☐ I can resume making my current payment
- ☐ I can pay **more** than my current payment
  If this option is selected, document the additional amount you can pay per month: $_____
- ☐ I can pay **less** than my current payment
  If this option is selected, document the amount you can pay per month: $_____
- ☐ I am unable to make any payments

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply, submit required documentation demonstrating your hardship, and attach additional pages if needed)

Note: The documentation required to demonstrate your hardship is in addition to the financial documentation previously requested within this notice.

If Your Hardship is:	Then the Required Hardship Documentation is:
☐ Unemployment	No hardship documentation required
☐ Underemployment	No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
☐ Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
☐ Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	Final divorce decree or separation agreement signed by the court; OR recorded Quit Claim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
☐ Death of a borrower or death of either the primary or secondary wage earner in the household	Death certificate; OR Obituary or newspaper article reporting the death *Note: If this loan is to be assumed due to the death of the borrower or co-borrower, the last will and testament is also required*
☐ Long-term or permanent disability; 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*

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If Your Hardship is:	Then the Required Hardship Documentation is:
☐ Distant employment transfer	For active-duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR Paystub from new employer; OR If none of these apply, provide a written explanation. In addition to the above and if applicable, please provide documentation reflecting 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. You may utilize the Hardship Letter below to describe your hardship.

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HARDSHIP LETTER

Please use the following space to provide a detailed explanation of your hardship. If you listed your hardship as “other” or would like to provide us additional detail related to your hardship, you may use the following space to provide your explanation:

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Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree the following:

1. All of the information in this Mortgage Assistance Application is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or grantor of my mortgage, their agents(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 law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief, or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted, and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
   a. All the terms of this Acknowledgement and Agreement are incorporated into such plan by referenced as if set forth in such plan in full.
   b. My first timely payment under the plan may serve as acceptance to the terms set forth in the notice of the plan sent by the servicer.
   c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure the default under my loan.
   d. Payments due under a trial period plan for a modification will contain escrow accounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. The 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, and payment history, and information about my account balances and activity, and (f) my tax return and the information contained therein. I understand and consent to the Servicer or authorized third party*, as well as any investor/grantor of my mortgage loan(s) (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:

   a. 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 that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided the lender/servicer/or authorized third party*.

Borrower's Signature	Date	Co-Borrower's Signature	Date

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

Mortgage Assistance Application
Year-to-Date Profit & Loss Statement Worksheet

CROSSCOUNTRY MORTGAGE®

Names of Borrower(s): _____ Type of Business: _____

Business Name: _____

Business Address: _____

Street, City, State and Zip Code

INCOME/REVENUES					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	**Gross Sales/Revenue**				
COST OF SALES/GOODS					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2	Cost of Goods Sold				
3	**Gross Profit/Loss**				
EXPENSES					
Step	Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4	Accounting/Legal				
	Advertising				
	Assets				
	Bank Charges				
	Equipment				
	Insurance				
	Interest				
	Motor Vehicle(s)				
	Office Supplies				
	Postage/Print				
	Rent				
	Repairs/Maintenance				
	Salaries and Wages				
	Taxes				
	Telephone and Internet				
	Travel				
	Utilities				
	Web Hosting/Domain				
	Other				
5	**Total Expenses**				

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Year-to-Date Profit & Loss Statement Worksheet

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GROSS OPERATING INCOME/LOSS (BEFORE INCOME TAX)					
Step	Period	Quarter 1 _____	Quarter 2 _____	Quarter 3 _____	Quarter 4 _____
6	**Gross Op. Income/Loss**				
7	Income Tax Expense				
INCOME/REVENUES					
Step	Period	Quarter 1 _____	Quarter 2 _____	Quarter 3 _____	Quarter 4 _____
8	**Net Income/Loss**				

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

STEP-BY-STEP INSTRUCTIONS:

1. Complete each applicable section by populating the volumes and totals for each quarter, including completion of the applicable year next to each Quarter field.
2. Using the steps in the far left column of the worksheet, please calculate the following figures for each quarter using this set of calculation formulas by step:
   a. Gross Profit/Loss (Step 3) = Step 1 Minus (-) Step 2
   b. Gross Operating Income/Loss (Step 6) = Step 3 Minus (-) Step 5
   c. Net Income/Loss (Step 8) = Step 6 Minus (-) Step 7 **(Please denote any loss with a minus sign)**
3. Sign and date worksheet.

Form **4506-C**
(October 2022)

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. Current name			**2a**. Spouse's current name *(if joint return and transcripts are requested for both taxpayers)*		
i. First name	**ii**. Middle initial	**iii**. Last name/BMF company name	**i**. Spouse's first name	**ii**. Middle initial	**iii**. Spouse's last name

1b. First taxpayer identification number *(see instructions)*	**2b.** Spouse's taxpayer identification number *(if joint return and transcripts are requested for both taxpayers)*

1c. Previous name shown on the last return filed if different from line 1a			**2c**. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	**ii**. Middle initial	**iii**. Last name	**i**. First name	**ii**. Middle initial	**iii**. Last name

3. Current address *(including apt., room, or suite no.)*, city, state, and ZIP code *(see instructions)*			
a. Street address *(including apt., room, or suite no.)*	**b**. City	**c**. State	**d**. ZIP code

4. Previous address shown on the last return filed if different from line 3 *(see instructions)*			
a. Street address *(including apt., room, or suite no.)*	**b**. City	**c**. State	**d**. ZIP code

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name	**ii**. IVES participant ID number	**iii**. SOR mailbox ID	
iv. Street address *(including apt., room, or suite no.)*	**v**. City	**vi**. State	**vii**. ZIP code
5b. Customer file number *(if applicable)* *(see instructions)*	**5c**. Unique identifier *(if applicable)* *(see instructions)*		

5d. Client name, telephone number, and address *(this field cannot be blank or not applicable (NA))*			
i. Client name			**ii**. Telephone number
iii. Street address *(including apt., room, or suite no.)*	**iv**. City	**v**. State	**vi**. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

6. **Transcript requested**. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript ☐ **b.** Account Transcript ☐ **c.** Record of Account ☐

7. Wage and Income transcript *(W-2, 1098-E, 1099-G, etc.)* ☐

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a ☐ Line 2a ☐

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format *(see instructions)*

/ / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

Sign Here

Signature for Line 1a *(see instructions)*	Date	Phone number of taxpayer on line 1a or 2a
☐ Form 4506-C was signed by an Authorized Representative	☐ Signatory confirms document was electronically signed	
Print/Type name		
Title *(if line 1a above is a corporation, partnership, estate, or trust)*		
Spouse's signature *(required if listed on Line 2a)*		Date
☐ Form 4506-C was signed by an Authorized Representative	☐ Signatory confirms document was electronically signed	
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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. 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. 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
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 1a/2a *(if spouse is also requested)*. For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b *(if spouse is also requested)*. Enter the Social Security umber (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c *(if spouse is also requested)*. Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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.



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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 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.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

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.

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. 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.