The Law Offices of
JACOB HAFTER & ASSOCIATES

Dear Homeowner:

Thank you for choosing the Law Offices of Jacob Hafter & Associates to assist you in seeking some mortgage relief. We have helped many others in similar, or even worse, circumstances. Our office specializes in helping people find alternatives to foreclosure and the loss of their home. Our objective is to make sure that you realize no matter how bad your situation has become, it may be possible to avoid foreclosure if you take prompt action. Together, we may be able to resolve your mortgage situation without a foreclosure sale of your home.

The key to avoiding foreclosure is you! Through open communication with our loss mitigation negotiators, we will try to help you cure your mortgage default without foreclosure. The loss mitigation services provided by Law Offices of Jacob Hafter & Associates include:

- **Loan Modification:** Lenders may agree to modify the terms of your loan, such as reducing monthly payment amounts, reducing the loan balance, or the interest rate, or fixing an adjustable interest rate.
- **Forbearance:** A modified repayment agreement that lasts for a period of time. The goal of this plan is to allow you to catch up on any delinquent mortgage payments, while making current payments.
- **Deed-in-Lieu of Foreclosure:** Giving the lender possession and title to your home rather than going through the foreclosure process.

Your fees cover as many of these services as are required, or that you elect to pursue.

Client's Responsibilities:

Please **complete the following application in its entirety** and return it, and any other requested documents, **as soon as possible**. It is essential that you fill out the following paperwork COMPLETELY and that you attach any and all documentation that has been requested. Failure to do so will delay processing of your file and thus will likely affect your outcome. Please be advised that lenders have different requirements and therefore additional information may be requested from you. It is ESSENTIAL that you rush all requested documents to us so that we may process your file as quickly as possible. It is YOUR RESPONSIBILITY to furnish all requested documentation so that we may obtain the best possible result for your personal situation.

1. All Clients must be available for, and participate in, an initial client assessment meeting phone call prior to being accepted as a client by the Law Office of Jacob Hafter. THE COMPLETION OF THIS PACKET DOES NOT CREATE AN ATTORNEY CLIENT RELATIONSHIP – THIS OFFICE MUST AGREE TO ACCEPT YOUR REQUEST FOR REPRESENTATION. Lack of participation in the orientation will result in delay of processing your matter.

2. You must provide all necessary account information and inform us of any changes in contact information, financial standing, employment, or other matters affecting your economic status. You must also inform us of all contact directly from the lender and send copies of any such written contact to us. It is essential that you keep us informed of all current information, and respond timely to our requests for information and documentation.

After this package is completed and returned to us, you can expect the following:

1. Your application will be reviewed in detail to ensure the best solution for you.

2. Your application will undergo a thorough pre-qualification process, and we will work with you to prepare a package of paperwork that will have the best possible chance of success with your lender(s). We have worked extensively with lenders and we have the expertise to know what they want to see in the area of loss mitigation.

Upon acceptance of your request for legal representation, we will proceed according to the solution(s) initially proposed to you. Loss Mitigation can be a rather lengthy process. Attention to detail is crucial. Please give us some time to process your file.

Please be advised that final decisions regarding the terms and/or conditions of your plan or modification are made at the sole discretion of the lender. We do not guarantee that any plan proposed by the client, and submitted by us to the lender will be accepted by the lender. Additionally, you acknowledge that the presentation of a Plan or negotiation with Lender by our office will not prevent or cure a default of the Loan or foreclosure until the modification of the Loan has been agreed to in writing and signed by both you and the lender.

Practice of Law

Client hereby acknowledges that Law Offices of Jacob Hafter & Associates is located within the State of Nevada and that all services rendered are rendered in the State of Nevada. We make no representations that any services provided shall be under the laws of the state in which Client resides.

Indemnification:

Client shall indemnify, defend and hold harmless the Law Offices of Jacob Hafter & Associates, its officers, directors, employees and agents for, from and against any and all claims, lawsuits, losses, damages, costs and liabilities of any kind arising from any default of you on any loan or the foreclosure of any deed of trust, except claims arising from the gross negligence or intentional misconduct of this office.

Refund Policy:

In the event that we are unable to provide you a loan modification offer, you will not be liable for one half of the total fee, as discussed herein on the Payment Acknowledgment and Authorization form.

We will make every attempt to help you avoid foreclosure, however the ultimate results are dependent on your lender(s) and there are no guaranteed results. Thank you again and we look forward to a long-standing relationship that you know you can rely on.

By signing below you agree that you have read and understand the application, terms, and requirements.

Client Signature: ____ Date: ___________________

Client Signature: ____ Date: ___________________

LOAN MODIFICATION CHECKLIST

Thank you for you for choosing the Law Offices of Jacob Hafter & Associates to assist you in connection with your home mortgage loan(s).

Detailed below you will find a checklist of items that will be necessary for us to obtain an accurate assessment of your current financial situation. It is extremely important to submit complete and accurate information. MISSING OR INACCURATE INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST AND MAY AFFECT THE OUTCOME OF YOUR REQUEST.

Please furnish this information to the Law Offices of Jacob Hafter & Associates as quickly as possible. Please allow time for the processing of your paperwork. Loan Modification is carefully achieved through correspondence with your lender.

PLEASE BE ADVISED! IT IS YOUR RESPONSIBILITY TO PROVIDE THIS INFORMATION IN A TIMELY MANNER IN ORDER TO SUCCESSFULLY COMPLETE YOUR REQUEST AND NEGOTIATE THE BEST RESULT!

PLEASE USE THIS CHECKLIST AND ATTACH AS THE COVER SHEET TO YOUR PACKAGE:

- ☐ **INFORMATION WORKSHEET** – Provides an understanding of your current loans and your goals for a loan modification.
- ☐ **FINANCIAL WORKSHEET** - Provides a quick snapshot of the overall financial information for both the borrower and co-borrower. Must be fully completed with most current and accurate information.
- ☐ **EXPLANATION OF FINANCIAL HARDSHIP AND HARDSHIP LETTER** - This form allows you to explain in detail the reason(s) behind your current financial situation. In addition to filling out this form, you will need to provide proof of your hardship claim, such as medical bills, death certificate, unemployment stubs, etc.
- ☐ **MORTGAGE STATEMENT(S) AND RECENT LENDER CORRESPONDENCE** - This will provide the most recent items received, this provides us with an accurate picture of the standing of your mortgage loan.
- ☐ **PROOF OF INCOME** - Two most recent payroll stubs for the month most recently worked. For self-employed borrowers, please provide 6 months of your bank statements and a year-to-date Profit & Loss Statement.
- ☐ **BANK STATEMENTS** - Please provide two most recent statements on all accounts. We need all pages of the statements.
- ☐ **FEDERAL INCOME TAX RETURNS** - Please provide copies of the two most recent years, signed and dated. Please provide all schedules. For incorporated self-employed borrowers we will require the most recent corporate returns as well.
- ☐ **IRS FORM 4506-T** – Please complete the attached IRS Form 4506-T

PLEASE BE ADVISED THAT EVERY CASE IS UNIQUE, ADDITIONAL ITEMS MIGHT BE NEEDED DEPENDING ON YOUR SITUATION.

Client Signature: ____ Date: ___________________

Client Signature: ____ Date: ___________________

INFORMATION WORKSHEET

Subject Property Address

Street Address: ____

City: ______________________________________ State: ____________________ Zip Code: _______________

Borrower and Co-Borrower Information

Borrower's Name: ___________________________ Co-Borrower's Name: ________________________________

Borrower's Social Security #: __________________ Co-Borrower's Social Security #: ________________________

Name of Employer (Borrower): _________________________ How Long? Years _________ Mos. _______

Name of Employer (Co-Borrower): ______________________ How Long? Years _________ Mos. _______

Home Phone Number: ______________________ Home Phone Number: ____________________________

Work Phone Number: ______________________ Work Phone Number: _____________________________

Cell Phone Number: ________________________ Cell Phone Number: ______________________________

Email Address: ____________________________ Email Address: __________________________________

First Mortgage Detail (please provide any information you have available)

Mortgage Company: _____________________________________

Address: ____ City: _______________ State: ______ Zip: ______

Phone Number: ________________________________

Account Number: ______________________________ Current Balance: ____________________________

Monthly Payment: ____________________ Does this include Impounds for Insurance and Taxes? □ Yes □ No

Monthly Tax Amount: _____________ Monthly Insurance Amount: _____________

Current Interest Rate: _________________ Adjustable? □ Yes □ No

If yes, when was the last time it adjusted? ___________

When will it adjust next? _____________

Date of Last Payment Made: ___________ Date of Loan Creation: ______________

Delinquent Amount: _________________

Second Mortgage Detail (please provide any information you have available)

Do you have a Second Mortgage? ☐ Yes ☐ No

Mortgage Company: ______________________________________

Address: ____ City: ________________ State: ______ Zip: ______

Phone Number: _________________________________

Account Number: _______________________________ Current Balance: _____________________________

Monthly Payment: _____________________ Does this include Impounds for Insurance and Taxes? ☐ Yes ☐ No

Monthly Tax Amount: ______________ Monthly Insurance Amount: ______________

Current Interest Rate: __________________ Adjustable? ☐ Yes ☐ No

If yes, when was the last time it adjusted? ___________

When will it adjust next? ______________

Date of Last Payment Made: ___________ Date of Loan Creation: _______________

Delinquent Amount: __________________

Proposed Modification

I /we can manage a monthly payment of $ ____________________ (including taxes and insurance) without hardship. Any monthly payment higher than $___________________ per month, and I/we will be forced to either sell or lose my home.

Client Signature: ____ Date: ______________________

Client Signature: ____ Date: ______________________

FINANCIAL WORKSHEET

(please fill out as completely as possible)

Monthly Income Data

Description	Borrower's Income	Co-Borrower's Income
Monthly Gross Pay:	$____________________	$____________________
Monthly Net Pay:	$____________________	$____________________
Commission / Bonuses:	$____________________	$____________________
Other Income/Specify: (Child Support/Alimony/Rental/Other)	$____________________	$____________________
Total Combined Gross Pay:	$____________________	
Total Combined Net Pay:	$____________________	
Number of Adults in Household	____________________	
Number of Children in Household	____________________	

PLEASE! It is your responsibility to furnish this information needed for work to begin and to successfully complete your modification with the best results!

I acknowledge and agree that the above is accurate to the best of my knowledge.

Client Signature: ____ Date: ____________________

Client Signature: ____ Date: ____________________

FINANCIAL WORKSHEET (cont.)

(please fill out as completely as possible)

Please be as detailed as possible and also provide mortgage statements and related documentation to match liabilities. Add tax bill and declaration pages, as well.

Description	Estimated Value	Description	Monthly Payment	Balance Due	Description	Monthly Payment	Balance Due
Home		1st Mortgage Monthly Payment			Childcare		
Other Real Estate		2nd Mortgage Monthly Payment			Cable		
1st Auto		HOA			Cell Phone		
Year & Make & Model		Homeowner's Insurance			Medical Expenses		
2nd Auto		Property Taxes			Medical / Life Insurance		
Year & Make & Model		Other Mortgage/Rent			Student Loans		
Checking Account		Alimony or Child Support			(1) Credit Card Min. Payment		
IRA Account		Auto Payment			(2) Credit Card Min. Payment		
401(k)/ESOP Account		Auto: Insurance			Dry Cleaning		
Stocks, Bonds. CD's		Auto: Gas, Maintenance & Parking			Misc (explain)		
Other Investments		Food/Toiletries			Charity Donations		
Other Investments		Utilities (phone, electric, gas)			Total Monthly Expenses		

Use a separate piece of paper to supplement any of your answers.

PLEASE! It is your responsibility to furnish this information needed for work to begin and to successfully complete your modification with the best results!

I acknowledge and agree that the above is accurate to the best of my knowledge.

Client Signature: ____ Date: ___________________

Client Signature: ____ Date: ___________________

WHEN COMPLETED
MAIL TO: **7201 W. Lake Mead Blvd, Suite 210, Las Vegas, Nevada 89128**
OR FAX TO: **702-685-4184** OR EMAIL SCANNED PDF TO: **info@hafterlaw.com**

EXPLANATION OF FINANCIAL HARDSHIP

It is extremely important that your lender fully understands your current financial situation and the hardship you are experiencing.

Please complete this form by checking the appropriate reason or reasons for your hardship (a form is provided on the following page for more detailed explanation). If you have documentation that supports your explanation, please include it with this form when you return it to us.

I am having trouble making my monthly payment due to financial difficulties.

I believe my situation is: □ Temporary □ Permanent

My financial difficulties are the result of (check all that apply):

□ **Unemployment** (Start Date, End Date)

Explain:____

____

□ **EXCESSIVE FINANCIAL RESPONSIBILITIES**

Explain:____

____

□ **ILLNESS** (Start Date, End Date)

Explain:____

____

□ **Reduction in Income** (Start Date, End Date)

Explain:____

____

□ **Death** (Date of Death)

Explain:____

____

□ **Other**

Explain:____

____

Please briefly explain your hardship or reason for being delinquent and how you propose to resolve it on the next page.

HARDSHIP LETTER

Borrower's Name(s): ________________________________

Property Address: __________________________________

____

Borrower's Phone: _________________________________

EXPLAIN HARDSHIP:

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I acknowledge and agree that the above is accurate to the best of my knowledge.

Client Signature: ____

Client Signature: ____

BORROWER AUTHORIZATION

(For First Mortgage)

Dated: ___________________

To: ___________________
(Lender)

____
(Loan Number)

The undersigned do hereby appoint the Law Offices of Jacob Hafter & Associates, Tax ID: 262694714, acting by and through its attorneys, employees, staff and agents, as the authorized agent of the undersigned, to act on behalf of the undersigned, with respect to avoiding foreclosure of the following real property:

____

____
(Property Address)

As necessary to carry out the above, Law Offices of Jacob Hafter & Associates, acting by and through its attorneys, employees, staff and agents, is expressly authorized, on behalf of the undersigned, to:

1. Communicate with my creditors, obtain any information regarding my accounts or debts that I may owe, including for example the account balances, payment history, verification of the account and any other information necessary to allow Law Offices of Jacob Hafter & Associates, to evaluate and formulate settlement or payment offers on my behalf.

2. Make good faith settlement or payment offers on my behalf.

Further, I hereby release the above named lender/servicer, its affiliates, employees, officers, agents and directors, from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

_______________________________	___________________________________
Signature	Signature
_______________________________	___________________________________
Printed Name	Printed Name
_______________________________	___________________________________
Social Security Number	Social Security Number
_______________________________	___________________________________
Date of Birth	Date of Birth

BORROWER AUTHORIZATION

(For Second Mortgage)

Dated: ____________________

To: ____________________
(Lender)

____
(Loan Number)

The undersigned do hereby appoint the Law Offices of Jacob Hafter & Associates, Tax ID: 262694714, acting by and through its attorneys, employees, staff and agents, as the authorized agent of the undersigned, to act on behalf of the undersigned, with respect to avoiding foreclosure of the following real property:

____

____
(Property Address)

As necessary to carry out the above, Law Offices of Jacob Hafter & Associates, acting by and through its attorneys, employees, staff and agents, is expressly authorized, on behalf of the undersigned, to:

1. Communicate with my creditors, obtain any information regarding my accounts or debts that I may owe, including for example the account balances, payment history, verification of the account and any other information necessary to allow Law Offices of Jacob Hafter & Associates, to evaluate and formulate settlement or payment offers on my behalf.

2. Make good faith settlement or payment offers on my behalf.

Further, I hereby release the above named lender/servicer, its affiliates, employees, officers, agents and directors, from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

_________________________________	_____________________________________
Signature	Signature
_________________________________	_____________________________________
Printed Name	Printed Name
_________________________________	_____________________________________
Social Security Number	Social Security Number
_________________________________	_____________________________________
Date of Birth	Date of Birth

WHEN COMPLETED
MAIL TO: **7201 W. Lake Mead Blvd, Suite 210, Las Vegas, Nevada 89128**
OR FAX TO: **702-685-4184** OR EMAIL SCANNED PDF TO: **info@hafterlaw.com**

PAYMENT TERMS AND AUTHORIZATION

I agree to pay to the Law Offices of Jacob Hafter & Associates, as a fee, an amount equal to ____________________________ ("Fee").

The amount of the Fee will be a flat, full and final fee which shall be considered earned upon payment. The Fee shall be payable as follows:

50% upon completion and submission of this packet
50% upon delivery of an Offer for a Loan Modification from your lender
(such amount shall be due and payable **ONLY** upon presentation of a legitimate offer from your lender, not upon acceptance by you)

I acknowledge that the Law Offices of Jacob Hafter & Associates will be providing representation services on my behalf, and that no outcome has been guaranteed. I further acknowledge that the scope of their representation is limited to representing me before my primary mortgage lender (and/or its servicing company) and that any additional representation may incur additional charges.

In certain areas of legal representation, not affecting the merits of my case or substantially prejudicing my rights, the Law Offices of Jacob Hafter & Associates, is hereby entitled and authorized to make decisions, without consulting with me. The Law Offices of Jacob Hafter & Associates, may, without my consent, accede to reasonable requests of opposing counsel which do not prejudice my rights; the Law Offices of Jacob Hafter & Associates, may avoid offensive tactics and treat with courtesy and consideration all persons involved in the legal process. Nonetheless and notwithstanding anything contained herein to the contrary, I acknowledge and agree that no settlements of my claim shall be made without first obtaining my consent.

Client Signature: ____ Date: ___________________

Client Signature: ____ Date: ___________________

Accordingly, I hereby authorize Law Offices of Jacob Hafter & Associates, to charge my credit/debit card, listed below, the amounts stated above at the time when such amounts are due and payable.

Credit Card Number: _____________________________________ Security Code: __________

Name on Card: ____ Exp Date: ______________

Billing Address: ____

City: ______________________ State: ________________ Zip: _____________

Signature: ____

Printed Name: ____

Form **4506-T**

(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.

Telephone number of taxpayer on line 1a or 2a
(   )

Sign Here

▶ **Signature** (see instructions) — Date

▶ **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 RAIVS 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.