HRA

HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY

The **Rehabilitation Loan Program** ***administered by the Hutchinson HRA*** helps eligible homeowners finance basic home improvements that directly affect the safety, habitability, energy efficiency or accessibility of their homes.

Eligibility Requirements

- Borrower meets the following income limits:

Household Size	Income Limits
1 Person	$21,000
2 People	$24,000
3 People	$27,000
4 People	$30,000
5 People	$32,400
6 People	$34,800
7 People	$37,200
8 People	$39,600
9 People	$42,000
10 People	$44,400
11 People	$46,800
12 People	$49,200

- Borrower does not have assets exceeding $25,000
- Borrower owns and occupies the property to be rehabilitated
- Borrower must be current on property taxes and any mortgages
- Borrower must have homeowner insurance in force at time of loan closing

Loan Features

- Maximum loan amount is $27,000
- Maximum loan term is 15 years for properties taxed as real property and 10 years for mobile/manufactured homes taxed as personal property located in a mobile home park
- Loans are forgiven if the borrower does not sell, transfer title, or ceases to occupy the property during the loan term.
- Various property types are eligible including, but not limited to, single family homes, duplexes, a condominium unit, and manufactured housing taxed as real or personal property

Eligible Home Improvements

- Basic improvements that directly affect the safety, livability, or energy efficiency of the home
- Addressing lead paint hazards
- Electrical wiring
- Furnace/boiler repair or replacement
- Plumbing repairs
- Well and septic repair or replacement
- Radon mitigation
- Mold remediation
- Windows
- Siding
- Roof repair or replacement

For more information contact the Judy at the Hutchinson HRA at (320) 234-4451, www.hutchinsonhra.com (home improvements tab) or at the City Center, 111 Hassan Street SE, Hutchinson.

City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 ● (320) 234-4240 Fax

Minnesota Housing Finance Agency
Rehabilitation Loan Program
Application Packet Instructions

To be eligible for the MHFA Rehab Loan Program you must first apply for the ***Weatherization Assistance Program*** offered by **United Community Action Partnership.**

United Community Action Partnership
200 Fourth St. SW, PO Box 1359, Willmar, MN 56201.
Phone 1-800-992-1710 or Fax (320) 441-6399 or website https://unitedcapmn.org/.

The following will need to be submitted to the Hutchinson HRA to apply for the ***MHFA Rehab Loan***:

1. **Combined Privacy Act Notice & Tennessen Warning:** Sign and date (form attached)

2. **Homeowner Application:**
   - Complete, sign and date the application (all household residents over the age 18 that have income must sign),
   - Copy of valid Minnesota Driver's License, United States Passport, or Minnesota State issued ID card of all Borrowers
   - Sign the Authority to Release Information Form (form attached)

3. **Income and Asset Verification**
   - Complete the top section of the third party Verification forms only
   - Enclose copies of the last three months of pay stubs of all sources of income.
   - If Self-Employed, enclose copies of the past 2 years income tax returns and sign & date Borrower Consent to the Use of Tax Return Information form.
   - Complete and sign 4506-T form (form attached).
   - 3 months consecutive bank statements.

4. **Enclose copies of:**
   - Copy of current Mortgage statement
   - Copy of Homeowner's Hazard Insurance Policy: Coverage must cover all lien amounts or 100% of the insurable value and protect against loss or damage from fire and other hazards covered by the standard extended coverage endorsement and should be of the type that provides for claims to be settled on a replacement cost basis. After loan approval & closing Minnesota Housing Finance agency will need to added to your insurance policies as a 'standard' or union' mortgage clause.
   - Copy of your last Property Tax Statement
   - Copy of your complete property description from a warranty deed, first mortgage or abstract/Torrance certificate.

5. **Manufactured Homes Taxed as Personal Property**
   - Copy of Current Certificate of Title

6. **Read Primary Use of Property Certification**
   - Sign and Date Form

7. **Read "The Lead-Safe Certified Guide to Renovate Right" Pamphlet**
   - Sign and Date Lead Based Paint Statement

8. **Read Homeowner Agreement**
   - Complete, Sign and Date Form

9. **Pre-Inspection Questionnaire**
   - Complete, Sign and Date

Return the completed application papers and all other required information to Judy Flemming at the **Hutchinson HRA, 111 Hassan Street SE, Hutchinson, MN 55350**. Call Judy if you any questions at 320-234-4451.

MINNESOTA HOUSING

Combined Privacy Act Notice and Tennessen Warning

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements carefully.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Your name, address and the amount of assistance you apply for and receive are classified as public data under Minnesota Statutes section 13.462 subdivision 2. All other data we create or collect from you including, but not limited to, non-financial information and financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals by Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both public and private data information will be shared with the Minnesota Housing staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4 require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Borrower Name	Borrower Signature	Date
Borrower Name	Borrower Signature	Date

HRA
HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY

City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 • (320) 234-4240 Fax

Release of Information

This is your authorization to release information regarding my income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to obtain other information about me/us that is necessary to support my application for a housing improvement loan from the **City of Hutchinson/HRA**.

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

_______________________________ _____________

Signature of Applicant *Date*

_______________________________ _____________

Signature of Applicant *Date*

City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 ● (320) 234-4240 Fax

VERIFICATION OF EMPLOYMENT

Part I: To be completed by the Applicant

Name of Employer:____

Address: ____ Phone #: ____________

Employee: ____ Fax #: _______________

Part II: To be completed by the Employer

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this family.

1. Gross earnings during the past 12 months: $__________ YTD $_______________

2. Is this person currently an employee? ☐ Yes ☐ No

3. If not, is this a temporary situation? ☐ Yes ☐ No

4. If employment is seasonal or sporadic, please give lay-off periods: ________________________

5. Original or re-hire date: ________________ Termination date: _______________

6. Average number of hours per work week: Straight time _____Hrs/Week Overtime _______Hrs/Week

7. Current Gross pay rate: $ _________ per ________. Effective date of rate: _______

8. Overtime is paid at the rate of $ ________ per _____

9. Expected change in pay rate: $ _________ Date: _______

10. Amount of bonus, incentive pay, commission or tips: $ ______________ per ___________

11. Does this person receive vacation with pay? ☐ Yes ☐ No Sick leave with pay? ☐ Yes ☐ No

12. Amount deducted for health insurance: $ __________ per _________ (weekly, monthly, etc.)

13. Employee's position or job title: ______________________

____ ________________________________
Person completing this form Date

____ ________________________________
Title Telephone Number

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, MN 55350 Fax 320-234-4240**
If you have any questions contact: **Judy Flemming, Hutchinson HRA, 320-234-4251**

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HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY

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CHECKING/SAVINGS ACCOUNT VERIFICATION

Part I: To be completed by the Applicant

Name of Financial Institution: ________________________________ Date: _________________

Financial Institution Address: ________________________________ Phone: ________________

Applicant Name: _____________________________ Account #'s: ________________________

To the Bank named above, I hereby grant the release of information regarding my income and assets to the Hutchinson HRA. I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of the form. Please return it to:

Judy Flemming, Hutchinson HRA, 111 Hassan St SE,
Hutchinson, MN 55350 Telephone: 320-234-4251

Signature of Applicant: ____

Part II: To be completed by the Bank

Current Checking Account Balance: $ _________________ Interest Rate Paid: _____

Average Checking Account Balance for the last 6 months: $ _________________

Current Savings Account Balance: $ _________________ Interest Rate Paid: _____

Saving Certificates: $ ______________ Interest Rate Paid: _____

Saving Certificates: $ ______________ Interest Rate Paid: _____

Total interest earned during the last 12 months from all above: $ ____________

To the best of your knowledge, will there be a change in earnings during the next 12 months?
____

______________________________ _________________
Person completing form Date

______________________________ _________________
Title Telephone Number

Return this Form to: Judy Flemming, Hutchinson HRA, 111 Hassan St SE Hutchinson, MN 55350 • Telephone: 320-234-4251 • FAX 320-234-4240

EQUAL HOUSING OPPORTUNITY

HRA
HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY

City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
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VERIFICATION OF ASSISTANCE

To: McLeod County Social Services

Part I: To be completed by the Applicant

I, ____, living at
First Name *Last Name*

____, Hutchinson, MN 55350
Street Address

do hereby authorize the McLeod County Social Services staff to furnish the Small Cities Development Program with information regarding the monthly payment made to me for AFDC, General Assistance or other direct payments.

This information is required for income verification for the Housing Rehabilitation Program. The information you provide will be private and only used in establishing eligibility for this family.

____ ____________________
Signature **Date**

Part II: To be completed by the Social Services Agency

Type of Assistance Provided:_______________________ Monthly Amount: $__________

If the above recipient receives a Child Support Bonus Payment, please give the monthly amount:
$ ______________

Is this payment? ☐ Regular or ☐ Sporadic

If it is sporadic, what was the total amount received for the past 12 months? $___________.

Is the same amount likely to be received in the next 12 months? ☐ Yes ☐ No

Does the recipient receive any other income to the best of your knowledge? ☐Yes ☐ No

If Yes, what is the source ____

and how much is received? _________________________

Social Services Signature______________________ **Date:**____________

____________________________ ________________________
Title **Phone**

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350**
If you have any questions, please call: **Judy Fleming, Hutchinson HRA, 320-234-4251**
Fax: 320-234-4240

EQUAL HOUSING OPPORTUNITY

LEAD BASED PAINT STATEMENT

I hereby certify that I have received the publication entitled *Renovate Right* Brochure and that I have read and understood the information.

________________________________ ____________________
Applicant Date

________________________________ ____________________
Applicant Date

___________________________________ _____________________
Witness Date

HOMEOWNERS UNDERSTANDING OF LEAD BASED PAINT ASSESSMENT REQUIREMENT

As part of participating in the Housing Rehabilitation Loan Program, the following conditions per Federal Regulations apply.

If your home was built prior to 1978, a Lead Based Paint Assessment is required. If lead based paint is present and the rehabilitation work to be done is in those areas, your family may be required to move out of the house until a Lead Clearance has been gained.

Therefore, I understand that if I qualify to receive a loan for the rehabilitation of my home, I will need to cooperate with and abide to all regulations per a Lead Based Paint Assessment of my home. Failure to do so at any time during the rehabilitation of my home will be cause for discontinuation of my participation in the loan program.

____ ______________________
Applicant Date

____ ______________________
Applicant Date

MHFA Rehab Loan Program

Primary use of Property is Residential not a Home Business Certification

---

Address of Home: ____

☐ I (We) certify that my (our) home at the above address is used primarily for residential purposes.

☐ I (We) certify that my (our) home at the above address has a home business however not more than 49% of the home is used <u>regularly</u> and <u>exclusively</u> in a business.

______________________________ ____________________
Signature Date

______________________________ ____________________
Signature Date

PRE-INSPECTION QUESTIONNAIRE FOR THE REHAB PROGRAM

1. YES ☐ NO ☐ Is your property being purchased on contract for deed?
2. YES ☐ NO ☐ Is your property in a trust or a life estate?

3. YES ☐ NO ☐ Do you have a kitchen?
   - YES ☐ NO ☐ If yes, do you have a functioning Stove/Oven with working top burners?
   - YES ☐ NO ☐ If yes, do you have a functioning Refrigerator?
   - YES ☐ NO ☐ If yes, do you have a sink with hot & cold running water?

4. YES ☐ NO ☐ Do you have a bathroom?
   - YES ☐ NO ☐ If yes, do you have a working toilet?
   - YES ☐ NO ☐ If yes, do you have a working, permanently installed was basin/sink with hot and cold running water?
   - YES ☐ NO ☐ If yes, do you have a working, tub or shower with hot and cold running water?

5. YES ☐ NO ☐ Do you have a bedroom that needs an egress window?

6. YES ☐ NO ☐ Do you have circuit breakers?

7. YES ☐ NO ☐ Do you have any knob and tube type wiring in your home?

8. YES ☐ NO ☐ Do you have any roof leakage?

9. YES ☐ NO ☐ Do you have any leaking water or sewer pipes?

10. YES ☐ NO ☐ Do you feel you need a new furnace? How old is your furnace? ______________________

11. YES ☐ NO ☐ Is your foundation showing signs of deterioration resulting in substantial settling or cracking?

12. YES ☐ NO ☐ Do modifications need to be made to your home for accessibility, which will increase the ability of a physically handicapped person to function in the home setting?

13. YES ☐ NO ☐ Is the floor impervious to water in your basement and/or utility room (if any)?

14. YES ☐ NO ☐ Have you had your home tested for radon?

15. YES ☐ NO ☐ Do you have rats or mice in your home?

<u>Lead Based Paint Questions:</u>

YES ☐ NO ☐ 1. Do you have children under age six in the household?
If yes, have they had a blood test? YES ☐ NO ☐
YES ☐ NO ☐ 2. Is there interior or exterior chipped or peeling paint that may be lead based?

Please List Improvements you think your home needs:

____

____

Name: ______________________________ Street Address: ______________________________

If you have questions about this questionnaire, call the HRA office at 234-4251.

Please Complete This Form & Return To The HRA Office with your application.

BORROWER CONSENT TO THE USE OF TAX RETURN INFORMATION

Lender: City of Hutchinson/HRA of Hutchinson, MN

I ________________________ understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

Acknowledgement

By signing below, you hereby acknowledge reading and understanding all of the information disclosed above, and receiving a copy of this disclosure on the date indicated below.

___________________________ ___________
Homeowner Signature Date

___________________________ ___________
Homeowner Signature Date

Form **4506-T**
(March 2019)
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.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506-T, visit *www.irs.gov/form4506t*.

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 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.

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 5a, 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. ▶ ____________

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. | / / | / / | / / | / / |

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.

Phone 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

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 5a) 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 S-2 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, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 (ITIN) 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.

CAUTION *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
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.