



This completed Borrower Assistance Form and all required documentation must be sent to one of the following locations:

<b>Mail: Attn: APPLICATIONS</b> Fay Servicing, LLC 440 S. LaSalle, Suite 2000 Chicago, IL 60605	<b>Fax: (312) 509-4794</b>	<b>Email: <a href="mailto:applications@fayservicing.com">applications@fayservicing.com</a></b>
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**Questions: (800) 495-7166**

### BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. You must disclose information about (1) your intentions to either keep or transition out of the property; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

You must disclose information about **all** of your income, expenses, and assets. This form also lists the required income documentation that you must submit in support of your request for assistance. Additionally, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

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

**REMINDER: The Form you need to return consists of:**  this completed, signed and dated Borrower Assistance Form;  completed and signed IRS Form 4506T-EZ;  required income documentation;  required hardship documentation; and  the signed and dated Dodd-Frank Certificate.

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

I want to:     Keep the Property     Vacate the Property     Sell the Property     Undecided  
*Please select only one option*

If you wish to keep the property, how long do you plan on keeping it? \_\_\_\_\_

The property is currently:     My Primary Residence     A Second Home     An Investment Property

The property is currently:     Owner Occupied     Renter Occupied     Vacant

### CONTACT INFORMATION

Borrower		Co-Borrower	
Name:		Name:	
SSN:	DOB:	SSN:	DOB:
Phone #:		Phone #:	
Mailing Address:			
Property Address:		Email Address:	



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Have you contacted a credit counseling agency for help?  
If yes, please complete the counselor contact information:  
Agency's Name: \_\_\_\_\_

Yes  No

Counselor's Name: \_\_\_\_\_

Counselor's Phone #: \_\_\_\_\_

Counselor's Email: \_\_\_\_\_

### PROPERTY INFORMATION

Estimated Market Value of Property: \$ \_\_\_\_\_

Is the property listed for sale?  Yes  No If yes, what was the listing date? \_\_\_\_\_

Have you received an offer on the property?  Yes  No

Date of offer: \_\_\_\_\_

Amount of offer: \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_

For Sale by Owner?  Yes  No

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

Total monthly amount: \$ \_\_\_\_\_ Name/Address that fees are paid to: \_\_\_\_\_

Who pays the real estate tax bill on the property?  I/we do  Servicer

Are the taxes current?  Yes  No

Who pays the homeowners insurance policy on the property?  I/we do  Servicer  Paid by HOA

Is the policy current?  Yes  No If yes, name of insurance company: \_\_\_\_\_  
Insurance company phone #: \_\_\_\_\_



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If there are additional liens/mortgages or judgments on this property, name the person(s), company or firm and phone number(s).

Lien holder's name/Servicer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Balance Amount: \$ \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Lien holder's name/Servicer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Balance Amount: \$ \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Lien holder's name/Servicer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Balance Amount: \$ \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

We may require an interior inspection of the property to be conducted. Please provide contact information for the individual we should call to schedule an inspection time and provide three (3) convenient times during the week that we may conduct an inspection:

Contact Name:	Phone #:
Day:	Time: a.m./p.m. (circle one)
Day:	Time: a.m./p.m. (circle one)
Day:	Time: a.m./p.m. (circle one)

**MORTGAGE INFORMATION**

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?  Yes  No  
 Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?  Yes  No If yes, how many? \_\_\_\_\_

**BORROWER INFORMATION**

Have you filed for bankruptcy?  Yes  No  
 Chapter 7  Chapter 11  Chapter 12  Chapter 13 Filing Date: \_\_\_\_\_

Has your bankruptcy been discharged?  Yes  No Bankruptcy Case #: \_\_\_\_\_

Has/was your mortgage reaffirmed?  Yes  No  
 Please note that if you have or will receive a discharge from a bankruptcy case, and the mortgage was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Additionally, your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.



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Is any borrower an active duty service member?       Yes       No

If yes, has any borrower been deployed away from his/her primary residence or received a permanent Change of Station order?       Yes       No

Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?

Yes       No

**Employment Information**

Company Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Industry: \_\_\_\_\_ Job Title: \_\_\_\_\_

**In addition to completing the Financial Information section below, we recommend you or an authorized representative contact your Fay Servicing Account Manager to review your information and discuss all options available to you.**

<b>FINANCIAL INFORMATION</b>			
<b>Monthly Household Income</b>		<b>Household Assets Associated with the Property and/or Borrower(s)</b>	
Gross wages	\$	Checking account(s)	\$
Overtime	\$	Savings/money market	\$
Child support/alimony*	\$	Non-taxable Social Security	\$
Stocks/bonds/CDs	\$	Taxable SS benefits or other monthly income from annuities or retirement plans	\$
Expected assets (e.g. inheritance, tax returns, etc.)	\$	Tips, commissions, bonus and self-employed income	\$
Total amount in any additional assets (e.g. trusts)	\$	Rents received	\$
Other real estate (estimated value)	\$	Unemployment income	\$
Retirement	\$	Food stamps/welfare	\$
Other cash on hand	\$	Other	\$
<b>Monthly Household Expenses and Debt Payments</b>			
First mortgage payment	\$	Electric	\$



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Second mortgage payment	\$	Gas	\$
Homeowner's insurance	\$	Trash	\$
Property taxes	\$	Water	\$
HOA/condo/property fees	\$	Cable	\$
Mortgage payments on other properties	\$	Internet	\$
Credit cards (total minimum payment per month)	\$	Cell phone	\$
Non-credit items (e.g. timeshare, personal loan, etc.)	\$	Food (per month)	\$
Monthly student loan payments (if not deferred)	\$	Clothing (per month)	\$
Car loan/lease	\$	Out-of-pocket medical expenses	\$
Gasoline/other auto expenses	\$	Out-of-pocket dental expenses	\$
Life Insurance (if any)	\$	Hobbies/entertainment	\$
Other \$			

**\*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.**

**REQUIRED INCOME DOCUMENTATION**

*Additional documentation may be required if income not supported.*

<b>Wage Earner</b>	<b>Self-Employed</b>	<b>Non-Taxable/Other Income</b>
1. Last 2 paystubs 2. Last 2 months' bank statements 3. Last year's full tax returns 4. Last year's W2s	1. Year to Date Profit and Loss Statement from last tax return 2. Last year's full tax returns (business and personal) 3. Last 2 months' bank statements (business and personal)	1. Award letter/evidence of income, etc. 2. Last year's full tax return, if Applicable 3. Last 2 months' bank statements

**HARDSHIP AFFIDAVIT**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. The date my hardship began is: \_\_\_\_\_



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**I believe that my situation is:**

- Short-term (under 6 months)**     
  **Medium-term (6 – 12 months)**     
  **Long-term or Permanent (more than 12 months)**

I am having difficulty making my monthly payment because of the reason(s) set forth below:

*(Please check the primary reason and submit required documentation demonstrating your primary hardship.)*

**If Your Hardship is:**

**Then the Required Hardship Documentation is:**

<input type="checkbox"/> Unemployment	<input type="checkbox"/> No additional hardship documentation required
<input type="checkbox"/> Reduction in Income: A hardship that has cause a decrease in your income due to circumstances outside your control (e.g. elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No additional hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: A hardship that has cause an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> Provide a written explanation describing the circumstances in the section provided below: <hr/> <hr/> <hr/>
<input type="checkbox"/> Divorce or legal separation, separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; or <input type="checkbox"/> Separation agreement signed by the court; or <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; or <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; or <input type="checkbox"/> Obituary or newspaper article reporting the death

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<input type="checkbox"/> Long-term or permanent disability or serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); or <input type="checkbox"/> Written statement or other documentation verifying disability or illness; or <input type="checkbox"/> Doctor's certificate of illness or disability; or <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; or <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; or <input type="checkbox"/> Borrower or employer property located in a Federally Declared Disaster Area
<input type="checkbox"/> Distant employment transfer/relocation	<p><b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders.</p> <p><b>For employment transfers/new employment:</b></p> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to new employment location; or <input type="checkbox"/> Pay stub from new employer; or <input type="checkbox"/> If none of these apply, provide written explanation <p>In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).</p>



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Business failure

- Tax return from the previous year (including all schedules); AND
- Proof of business failure supported by one of the following:
  - Bankruptcy filing for the business; or
  - Two months recent bank statements for the business account evidencing cessation of business activity; or
  - Most recent signed and dated quarterly or year-to-date profit and loss statement

Other: A hardship that is not covered above

- Written explanation describing the details of the hardship in the section below and relevant documentation:
- 
- 
- 

### CONTACTS – IF YOU HAVE QUESTIONS

We strongly recommend you or an authorized representative contact your Fay Servicing Account Manager to review your information and discuss all options available to you at **(800) 495-7166**.

If you have questions about your options that your servicer cannot answer, or if you need further counseling, call the Homeowner’s HOPE Hotline at (888) 995-HOPE (4673). A Hotline counselor will help you by answering questions about your available options and providing you with free HUD-certified counseling services in English and Spanish.

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

For federal government programs, the following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation and surname if you have made this request for assistance in person. **If you do not wish to furnish the information, please check the box below.**

**Please see Information for Government Monitoring Purposes on the Following Page**





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<b>Borrower</b> <input type="checkbox"/> I do not wish to furnish this information.	<b>Co-Borrower</b> <input type="checkbox"/> I do not wish to furnish this information.
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian, Other Pacific Islander <input type="checkbox"/> White	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian, Other Pacific Islander <input type="checkbox"/> White
<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

**BORROWER/CO-BORROWER ACKNOWLEDGMENT AND AGREEMENT**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by Fay Servicing, owner or guarantor of my mortgage, their agent(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 Fay Servicing 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, Fay Servicing may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. Fay Servicing 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 Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full;
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by Fay Servicing;
  - c. Fay Servicing'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 my entire default under my loan; and
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. 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 or may not contain escrow amounts. If I was not previously



## ***Dodd-Frank Certification***

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ _____	_____	_____	_____
Borrower Signature	Social Security Number	Date of Birth	Date
▶ _____	_____	_____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date



**THIRD PARTY AUTHORIZATION FORM**

Date: \_\_\_\_\_

Fay Servicing Loan Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**I authorize Fay Servicing to release information related to my mortgage loan to the Third Party identified below.**

\_\_\_\_\_  
Name of Authorized Third Party

\_\_\_\_\_  
Third Party Phone Number

\_\_\_\_\_  
Authorized Company Name/Law Firm  
(If applicable)

\_\_\_\_\_  
Third Party Email Address

\_\_\_\_\_  
Authorized Company/Law Firm Street Address, City, State, Zip Code

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

\_\_\_\_\_  
Borrower (print)

\*This document will remain in effect unless and until it is cancelled in writing by the Authorized Third Party or by me/us in a writing that is received by Fay Servicing.



**Non-Borrower Financial Contribution Form**

Use this form for an individual at your property address who is not on the loan as a borrower, but whose income will be included in the review of your loan modification.

Borrower name(s): \_\_\_\_\_

Loan number: \_\_\_\_\_ Property address: \_\_\_\_\_

Information to be completed by the non-borrower occupant(s):

Non-Borrower 1:  
Name:

\_\_\_\_\_  
First Middle Last Suffix

Occupation Title/Industry	
Length of time at current employment	
On average, take home amount per month	\$
Additional monthly income (disability, pension, rental, etc.)	\$

By signing below, I agree to the following:

- I reside at the borrower’s principal residence and request my income to be included in the review for a modification on the loan secured by this property.
- I contribute the following income to household expenses and mortgage payments each month and will continue to do so for the foreseeable future. Enter amount \$ \_\_\_\_\_
- Has your income previously been used in an evaluation for a Home Affordable Modification Program (HAMP) trial period plan or permanent modification for a principal residence?  Yes  No
- Has the mortgage on any other property that you own had a permanent Making Home Affordable Modification?  Yes  No If yes, how many? \_\_\_\_\_

Signature of non-borrower occupant 1:

\_\_\_\_\_  
Signature Date

Non-Borrower 2:  
Name:

\_\_\_\_\_  
First Middle Last Suffix

By signing below, I agree to the following:

- I reside at the borrower’s principal residence and request my income to be included in the review for a modification on the loan secured by this property.
- I contribute the following income to household expenses and mortgage payments each month and will continue to do so for the foreseeable future. Enter amount \$ \_\_\_\_\_
- Has your income previously been used in an evaluation for a Home Affordable Modification Program (HAMP) trial period plan or permanent modification for a principal residence?  Yes  No
- Has the mortgage on any other property that you own had a permanent Making Home Affordable Modification?  Yes  No If yes, how many? \_\_\_\_\_

Signature of non-borrower occupant 2:

\_\_\_\_\_  
Signature Date

(Rev. August 2014)

Department of the Treasury  
Internal Revenue Service

► **Request may not be processed if the form is incomplete or illegible.**  
► **For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).**

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> 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)

**5** If the transcript 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.

Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

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

**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

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

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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.

**If you filed an individual return and lived in:**

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

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

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

**Mail or fax to the "Internal Revenue Service" at:**

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-7227

RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999  
816-292-6102

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ 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.

**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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Signature and date.** Form 4506T-EZ 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 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.