



Carlo DeMaria

Mayor

Department of Planning & Development
484 Broadway, Room 25
Everett, MA 02149

**CITY OF EVERETT FIRST-TIME HOMEBUYER
DOWN PAYMENT ASSISTANCE PROGRAM**





Department of Planning & Development

484 Broadway Room 25

Everett, MA 0214

Everett.FTHB@ci.everett.ma.us , Telephone: 617-394-2452

CITY OF EVERETT FIRST-TIME HOMEBUYER DOWN PAYMENT ASSISTANCE APPLICATION

Deliver or mail a completed, signed, and dated application by the applicant, co-applicant, and all other household members aged 18 or older. (If an item does not apply, please write N/A beside the check box.). accompanied by all applicable financial information required to:

**City of Everett, Office of Planning and Development, Room 25, Everett, MA 02149, or email at
Everett.FTHB@ci.everett.ma.us.**

Please allow 15-20 days from the date of submission for processing. You will be notified by mail and email if it is determined that your household qualifies.

Application Checklist

Please mark the documents provided:

Step 1: The buyer provides:

- Completed and signed the City of Everett First-Time Homebuyer Down Payment Assistance Application. (including this checklist)
- Mortgage pre-approval.
- First-Time Home Buyer Counseling Workshop Certificate (cannot be more than 2 years old).
- Proof of Everett Residency (Massachusetts ID or Driver License with Everett address, recent bill of cable, gas, and electricity).
- Bank Statements: three most recent months' statements for ALL accounts, including stocks, bonds, CDs, savings, checking, trust funds, and cash for the applicant, co-applicant, and all other household members aged 18 or older.
- Liquid Asset Certification (*attached to this application*).
- Three most recent months' pay stubs for applicant, co-applicant, and all other household members aged 18 or older. Income for all family members must be counted and verified. Child Support Customer Service Bureau: 1-800-332-2733. Ask for an "Information Letter.". **If self-employed, the current** year-to-date profit and loss statement AND the previous three years' federal tax returns (including all schedules).
- Two most recent years' federal tax returns (including ALL schedules) and two most recent years' W2s (from ALL employers) for applicant, co-applicant, and all other household members aged 18 or older.
- IRS Certification Form (*attached to this application*).
- IRS 4506-T Form (*attached to this application*).

- Housing Quality Standard Inspection (*attached to this application*).
- Copy of complete credit report(s) for applicant, co-applicant, and each household member aged 18 or older.
- Listing Sheet (realtor's, mortgage officers, and closing attorney's contact information). (*attached to this application*).

If applicable:

- Most recent statements for ALL 401Ks, IRAs, stocks, bonds, retirements, and pensions for the applicant, co-applicant, and all other household members aged 18 or older.
- Evidence of Permanent Resident Alien Status or Legal Alien Status for the applicant, co-applicant, and all other household members aged 18 or older.
- Current Social Security award letters (including disability income) for the applicant, co-applicant, and all other household members aged 18 or older.
- Divorce decree and proof of alimony payment.
- Zero Income Affidavit (separate affidavit required for each household member aged 18 or older who has no income) (*attached to this application*)
- Unemployment statement for each household member aged 18 or older.
- Properties located in a flood zone will be required to have flood insurance.

Step 2: If you qualify for the 'City of Everett's First-Time Homebuyer Down Payment Assistance' program and your offer to purchase has been accepted, please provide the following documentations:

- Copy of the signed Purchase and Sale Agreement.

The mortgage lender provides:

- Copy of the application for primary mortgage funding, 1003 and 1008 forms.
- Copy of TRID documents (detailing principal, interest, taxes, and insurance) (PITI)
- Loan Commitment Letter, Good Faith Estimate, and Appraisal.
- Bank Credit Report.
- Copy of primary and other mortgage financing commitment letter(s).

Upon receipt and review of the application and the information and documentation provided, additional information or documentation may be required.

By completing this application, you acknowledge and consent to the City of Everett receiving all relevant documents submitted to, or generated by, the Lender.

Applicant signature _____ Date _____

CO-Applicant signature _____ Date _____

City of Everett First-Time Homebuyer Down Payment Assistance Application

Part 1: GENERAL INFORMATION

Applicant:	(Last)	(First)	(MI)
Co-Applicant:	(Last)	(First)	(MI)
Current Address :			
Address of the home to be purchased (if applicable):			
Applicant phone nr:		Co-applicant phone nr:	
Email:			
Citizenship Status* (CIRCLE ONE):	Applicant		Co-Applicant:
Are you a US citizen? if no, attach copy of resident alien card)	Yes	No	Yes No
Are you a permanent resident alien?	Yes	No	Yes No
Other (please specify):			
<p>*Each applicant and co-applicant must comply with all applicable restrictions on citizenship and legal immigration status pursuant to the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and 8 U.S.C. 1611 et. seq.,oth of which are in effect as of the adoption of these policies; and further, must be eligible under any future statutes or regulations governing eligibility enacted must be continuous in nature required under 24 CFR 9.254.</p>			

- Are you a First Time Homebuyer (have not owned a home within the last three (3) years or a displaced homemaker)? Yes ____ No ____
- Do you own or have a financial interest in any other real estate or business? If Yes
 _____ Address of Real Estate/ Name of Business
- Have you participated in a certified homebuyer counseling program within the last 24 months?
 Yes ____ No ____ (If so, please include copy of Certificate)
- What name(s) will appear on the deed: _____
- Are you applying as a first-time home buyer working for the City of Everett Public Schools /Everett Fire Department, /Everett City Police Department, /City Hall/ City Librarians?
 Yes ____ No ____
 If yes: Job Position _____ Institution: _____

- Is applicant, co-applicant or any other household member over the age of 18 a full-time student?
Yes No
- Do you anticipate an increase or decrease in household members in the next six months?
Yes No If yes, please explain:

Are you or an immediate family member employed by the City of Everett ?

- a. If Yes, City Department _____
- b. Name of Relative _____
- c. Relationship _____

How did you hear about our program? _____

PART 2 – HOUSEHOLD COMPOSITION:

List all current household members. Indicate the relationship to the applicant or co-applicant (spouse, sibling, etc.).

Household Member Name	Relationship to Applicant	Age

PART 3– EMPLOYMENT INFORMATION:

Provide information for applicant, co-applicant and household members 18 or over, as applicable. Attach additional pages if needed.

Applicant:

Employer Name: Position:
 Address: Phone#:
 Date of Hire: _____ Monthly Salary: \$ _____

Co-Applicant:

Employer Name: Position:
 Address: Phone#:
 Date of Hire: _____ Monthly Salary: \$ _____

PART 4- ANNUAL HOUSEHOLD INCOME:

Include wages, salaries, tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, pensions, retirements, other benefits for all household members age 18 or older. List gross income. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

<u>SOURCE OF INCOME</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Salary :		
Overtime, Commission, Tips, Bonuses:		
Alimony, Child Support:		
IRAs, 401K, 403B, 457, Pensions, Retirement:		
Unemployment Workers' Compensation:		
Net Income from Business:		
Net Income from Rental Property:		
Welfare Payments;		
Interest and/or Dividends:		
Other:		
<u>Total Annual Income</u>		

**HOUSEHOLD MEMBER
18-YEARS OR
OLDER**

Salary
Overtime, Commission, Tips, Bonuses:
Alimony, Child Support:
IRAs, 401K, 403B, 457, Pensions, Retirement:
Unemployment Workers' Compensation:
Net Income from Business:
Net Income from Rental Property:
Welfare Payments;
Interest and/or Dividends:
Other:
<u>Total Annual Income</u>

HOUSEHOLD MEMBER	ANNUAL INCOME
Applicant	
Co-applicant	
Household Member over 18 years or older	
Household Member over 18 years or older	
Household Member over 18 years or older	
TOTAL HOUSEHOLD ANNUAL INCOME	

PART 5 – ASSET INFORMATION

Attach bank statements (most recent three months’ checking or recent three -month average checking balance listed on financial institution’s letterhead; current savings account balance) and other proof of asset information.

Type	Cash Value	Bank Name
Checking Account(s) (current balance)		
Savings Account(s) (current balance)		
Stocks, Bonds, CDs		
IRAs, 401K, Retirement		
Life Insurance		
Other		

PART 6 – PRIVACY ACT NOTICE:

This notice is provided pursuant to the requirements of the Privacy Act of 1974. As a result of your request and/or receipt of financial assistance through “The City of Everett First -Time Homebuyer Program”, the United States Department of Housing and Urban Development is requiring the collection of this information to determine your eligibility for assistance through the program and to protect the Government’s financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant and as required by law, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released to any other person or government agency without your prior written consent, except as may be permitted or required by law. The City of Everett s authorized to ask this information by the National Affordable Housing Act of 1990.

If you wish to allow City of Everett staff to discuss your application with a third party, you must list the individual that you wish to allow access to your information below. By listing the individual below and signing this application, you are authorizing The City of Everett staff to discuss your case with this individual.

Name _____ Relationship _____
Telephone # _____

PART 7– DECLARATIONS:

Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause the City of Everett to request additional information to determine eligibility.

a.) Are there any outstanding judgments against you?

Applicant Yes No Co-Applicant : Yes No

b.) Have you been declared bankrupt within the past 7 years?

Applicant Yes No Co-Applicant : Yes No

c.) Have you had property foreclosed on or given deed in lieu thereof in the last 3 years?

Applicant Yes No Co-Applicant : Yes No

d.) Are you party to a lawsuit?

Applicant Yes No Co-Applicant : Yes No

e.) Are you presently delinquent or in default on any loan, mortgage, financial obligation, government debt, bond, or loan guarantee?

Applicant Yes No Co-Applicant : Yes No

The City of Everett does not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion or any other legally protected status.

ACKNOWLEDGEMENT AND AGREEMENT

The applicant(s) certifies that all information provided in this application is true to the best of his/her knowledge and belief and no information has been excluded, which might reasonably affect a judgment regarding the applicant's eligibility.

Signing this application will give the City of Everett's Planning & Development Office the right to obtain verification from any sourced named herein.

ALL APPLICANTS MUST SIGN BELOW:

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES:

“Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.”

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Houshold member over the age of 18: _____

Date: _____

Houshold member over the age of 18: _____

Date: _____

For Office use only:

Received by (City staff or agent): _____ Date: _____

CITY OF EVERETT FIRST -TIME HOMEBUYER DOWN PAYMENT ASSISTANCE APPLICATION

Zero Income Affidavit

Household Member Name:

Property Address:

1. I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.).
- Income from operation of a business.
- Rental income from real or personal property.
- Interest or dividends from assets.
- Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits.
- Unemployment or disability payments.
- Public assistance payments.
- Periodic allowances such as alimony, child support or gifts received from persons living in my household.
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge.

The undersigned further understands that providing false representation herein constitutes an act of fraud.

False, misleading or incomplete information may result in the termination of repayment of the City of Everett First Time Homebuyer Down Payment Assistance Application

Household Member/Applicant Printed Name and Date:

CITY OF EVERETT FIRST-TIME HOMEBUYER DOWN PAYMENT ASSISTANCE APPLICATION

Liquid Asset Certification

The combined totals of my/our available liquid assets after closing will not exceed \$75,000. The definition of liquid assets is typified by cash, monetary holdings in bank accounts (savings, checking, certificates of deposit), stocks, bonds, trust funds, gifted money, retirement accounts such as 401K, 403B, 457 and IRA accounts and other forms of capital investments.

Applicant's Signature Printed Name Date:

Co-Applicant's Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

CITY OF EVERETT FIRST- TIME HOMEBUYER DOWN PAYMENT ASSISTANCE LOAN APPLICATION

Internal Revenue Certification

I/We certify that the 1040 IRS Tax Returns with Schedules submitted to the City of Everett Planning & Development are those actually submitted to the Internal Revenue Service by me/us and that to date, they have not been changed to necessitate any change in income as reported.

Applicant's Signature Printed Name Date:

Co-Applicant's Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

Other Family Member Over Age 18 Signature Printed Name Date:

HOUSING QUALITY STANDARD INSPECTION DISCLOSURE

The City of Everett through its designated entities will conduct a visual “hands off” inspection of the readily accessible areas of the property to determine compliance with the Housing Quality Standards (HQS), as adopted by the U.S Department of Housing and Urban Development (HUD).

The HQS inspection will be performed by the City of Everett through its designated entities and agents prior to the acquisition at no cost to the buyer or seller.

If the house does not pass HQS, the Inspector will create a list of necessary work and a cost estimate.

If it is determined that the buyer can reasonably undertake the work necessary to meet HQS, the buyer can sign a statement of their intention to complete the work within six months. If more substantial work is needed, the buyer must either apply to the Rehabilitation loan program or select another home.

The HQS inspection is not intended to be a replacement for any other property inspection required by the lender or requested by the buyer. The HQS inspection will be made of readily accessible areas of the building and is limited to visual observation or apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection: equipment and systems will not be dismantled. The HQS inspection is not a guarantee or warranty of the adequacy, performance or condition of any structure, item or system at the property address.

The City of Everett and/or its designated entities is not responsible for the accuracy of its cost estimate and the cost of repairing or replacing any reported or unreported defect or deficiency and for any consequential damage, property damage or personal injury of any nature.

Acceptance and understanding of this disclosure are hereby acknowledged:

Applicant’s Signature Printed Name Date:

Co-Applicant’s Signature Printed Name Date:

CONTACT LIST

Realtor

Name: _____

Address: _____

Email: _____

Telephone: _____

Attorney

Name: _____

Firm Name: _____

Address: _____

Email: _____

Telephone: _____

Bank

Bank or Lending Institution Name: _____

Contact Name: _____

Address: _____

Email: _____

Telephone: _____

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.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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 end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

| / / | / / | / / | / / |

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		Date	
	Signature (see instructions)		
	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.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

Customer File Number. 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, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

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 5. 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 reflect a generic entry of "999999999" 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.

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.

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, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, 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
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



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