

# Submission Form/Lender Cover letter & Application for Homebuyer

To: **Melissa Looney:** [MelissaL@selfhelpenterprises.org](mailto:MelissaL@selfhelpenterprises.org) Phone: (559) 802-1649 Fax (559)651-3634

From: \_\_\_\_\_ Company: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Borrower(s) Name: \_\_\_\_\_

City/County (Program): \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

First Mortgage Pre-qualification amount \$ \_\_\_\_\_

Total Household Size: \_\_\_\_\_ - [# Adults \_\_\_\_\_ # under 18 years \_\_\_\_\_]

Annual Income: \$ \_\_\_\_\_ Income Limit \$ \_\_\_\_\_

## **Incomplete packages cannot be processed.**

**Send ALL ITEMS at once.** (Mark items attached)

- Submission Form/Lender Cover Letter & Application for Homebuyer
- Pre-Application for Homebuyer
- Program Income Inclusions-signed by all adult household members (2 pgs.)
- Borrowers Authorization -signed by all adult household members
- 4506-T; signed by all adult household members (2 pgs.)
- First mortgage lender application (1003) **verify all total # of household members** are listed (all will be verified)
- Loan Estimate/Fees worksheet (breakdown of all financing terms)
- Credit Report Tri-merged (3 Sources-Experian, Trans Union, Equifax)
  - If no FICO scores; require 3 alternative credit letters
  - Signed explanation letter for each derogatory
- Current pay stubs or proof of all other income (60 days) – **FOR ALL ADULT HOUSEHOLD MEMBERS**
  - Child Support/SSI/SSA/Unemployment, etc.
  - Verification of Employment (if applicable)
- 2019 Tax Returns and W-2's– **FOR ALL ADULT HOUSEHOLD MEMBERS**
  - Confirm total number of household members are listed
  - If others are listed as dependent's but no longer part of household include letter of explanation
  - Self Employed-3 years' tax returns
- Current Bank Statements (2 months) & 401-K or any other retirement account statement (all asset accounts)
  - Unspecified deposits from other sources other than employer (explanation for each deposit)

By signing below, I acknowledge the above applicant has been pre-qualified by our office for the amount listed.

\_\_\_\_\_  
Primary Lender- Signature Date

By signing below, I acknowledge that the information provided above is true and correct.

\_\_\_\_\_  
Borrower-Signature Date Co-Borrower Signature Date



*Mark yes or not to all questions*

**HOME/CDBG/CalHOME Program: Income and Asset Inclusions**



<b>Type of Income</b>	<b>YES</b>	<b>NO</b>	<b>Type</b>	<b>Received from whom?</b>	<b>Amount Received Annually</b>
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.					
2 The net income from the operation of a business profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.					
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.					
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.					
5 Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.					
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31) program.					
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift-received organizations or from persons not residing in the dwelling.					
8 All regular pay, special pay, and allowances of a member of the Armed Forces.					
<b>Subtotal Total:</b>					A.

<b>Type of Assets:</b>		<b>Yes</b>	<b>No</b>	<b>Source</b>	<b>Total Value of Asset</b>	<b>Interest Earned Annually</b>
1a	Cash held in savings accounts (current balance)					
1b	Cash held in checking accounts (avg. balance for last 6 mos.)					
1c	Cash held in safe deposit boxes					
1d	Other cash					
2	Cash value of revocable trusts available to the applicant.					
3	Equity in rental property or other capital investments.					
4	Cash value of stocks or bonds.					
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.					
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).					
6	Retirement and pension funds.					
7	Cash value of life insurance policies available before death.					
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.					
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.					
10	Mortgages or deeds of trust held by applicant.					
11	Assets(cash, property, etc.) gifted or sold below market value in last 24 months					
<b>Total Assets:</b>						B.
<b>Total Income; Subtotal + Assets (A+B):</b>						

### APPLICANT'S CERTIFICATION

I/we certify that all information on this form is true and correct to the best of my knowledge and I understand that any deliberate falsifications are grounds for rejection of the application. I consent to all verification of any information herein contained.

**\*Family/Income Details & Income Determination Worksheet will have the final and verified income**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# PRE-APPLICATION FOR HOMEBUYER/PRE-APLICACIÓN PARA COMPRADORES

Date / Fecha: \_\_\_\_\_

**THE INFORMATION IN THE BOX BELOW IS REQUIRED / LA INFORMACIÓN EN LA CAJA ABAJO SE REQUIERE**

Applicant Name / Nombre del Solicitante		Co-Applicant Name / Nombre del Co-Solicitante	
Home Phone / Teléfono de Casa		Work or Cell Phone Trabajo o Celular	The best time to call me is _____ AM / PM Es el mejor hora para llamarme _____ AM / PM
Email Address/ Dirección de correo electrónico			
Current Address / Dirección Corriente			
City / Ciudad	Zip / Código Postal	County / Condado	
Mailing Address / Dirección Para Envío			
City / Ciudad	Zip / Código Postal		

Total # persons in household / Total personas en el hogar	Estimated Annual Income/Ingreso Anual Estimado: \$ _____
Have you owned a property in the last 3 years?/¿Ha sido dueño de un propiedad en los últimos 3 años? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If YES, please explain: _____	
IN WHAT CITY ARE YOU LOOKING TO BUY A HOME? _____ ¿EN QUÉ CIUDAD ESTÁ BUSCANDO PARA COMPRAR SU CASA? _____	
Spanish speaking only?/Sólo Habla en Español? <input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	

How did you hear about us?/ ¿Cómo se enteró de nosotros? \_\_\_\_\_

*The information below is for statistical/government monitoring purposes only. This information is voluntary.  
 La información abajo es para estadística y seguimiento por parte del gobierno. Esta información es voluntaria.*

<b>Applicant Demographic Information / Información demográfica del solicitante:</b>	
Age / Edad: (please check one box / marque sólo una caja) <input type="checkbox"/> 18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65 and over	
Ethnicity / Etnicidad: <input type="checkbox"/> Hispanic or Latino (Hispano) <input type="checkbox"/> Not Hispanic or Latino (No Hispano)	
Race / Raza: <input type="checkbox"/> 11 – White (Blanco) <input type="checkbox"/> 12 – Black/African American (Negro) <input type="checkbox"/> 13 – Asian (Asiático) <input type="checkbox"/> 14 – American Indian/Alaskan Native (Am.-Indio) <input type="checkbox"/> 15 – Native Hawaiian/Other Pacific Islander (Isleño Pacífico) <input type="checkbox"/> 20 – Other Multi-Racial (Otro Multi-Racial)	
Gender / Género: <input type="checkbox"/> Male / Varón <input type="checkbox"/> Female / Hembra	
Handicapped /Incapacitado: <input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	

**I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
 CERTIFICO QUE LA INFORMACIÓN DADA EN ESTA FORMA ES VERDADERA Y EXACTA A LO MEJOR DE MI CONOCIMIENTO.**

NAME / NOMBRE

DATE / FECHA

NAME / NOMBRE

DATE / FECHA



# HOUSEHOLD INCOME CALCULATION WORKSHEET SUMMARY

**Borrower:**

**Monthly**

Hourly: \$ \_\_\_\_\_ (wage) X \_\_\_\_\_ (hours) X 52 weeks divided by 12 = \$ \_\_\_\_\_

Weekly: \$ \_\_\_\_\_ (wage) X 52 weeks divided by 12 = \$ \_\_\_\_\_

Bi Weekly: \$ \_\_\_\_\_ (wage) X 26 pay periods divided by 12 = \$ \_\_\_\_\_

Twice a Month: \$ \_\_\_\_\_ (wage) X 24 pay dates divided by 12 = \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_ (wage) = \$ \_\_\_\_\_

Bonus, Unemployment, Child Support, Overtime, Seasonal, \_\_\_\_\_ \$ \_\_\_\_\_

Bonus, Unemployment, Child Support, Overtime, Seasonal, \_\_\_\_\_ \$ \_\_\_\_\_

Income from all asset accounts; checking/savings, CD, retirement accounts, etc. \$ \_\_\_\_\_

Other income: \_\_\_\_\_ \$ \_\_\_\_\_

**Annual**

**NOTES/EXPLANATIONS:**

**Total Wages (B) \$ \_\_\_\_\_ X 12 =**

**Co Borrower:**

Hourly: \$ \_\_\_\_\_ (wage) X \_\_\_\_\_ (hours) X 52 weeks divided by 12 = \$ \_\_\_\_\_

Weekly: \$ \_\_\_\_\_ (wage) X 52 weeks divided by 12 = \$ \_\_\_\_\_

Bi Weekly: \$ \_\_\_\_\_ (wage) X 26 pay periods divided by 12 = \$ \_\_\_\_\_

Twice a Month: \$ \_\_\_\_\_ (wage) X 24 pay dates divided by 12 = \$ \_\_\_\_\_

Monthly \$ \_\_\_\_\_ (wage) = \$ \_\_\_\_\_

Bonus, Unemployment, Child Support, Overtime, Seasonal, \_\_\_\_\_ \$ \_\_\_\_\_

Bonus, Unemployment, Child Support, Overtime, Seasonal, \_\_\_\_\_ \$ \_\_\_\_\_

Income from all asset accounts; checking/savings, CD, retirement accounts, etc. \$ \_\_\_\_\_

Other income: \_\_\_\_\_ \$ \_\_\_\_\_

**Annual Income**

**Total Wages (CB) \$ \_\_\_\_\_ X 12 =**

**NOTES/EXPLANATIONS**

**Total Annual Income**

**TOTAL HOUSEHOLD INCOME FROM ALL SOURCES (B) + (CB) = \$ \_\_\_\_\_ X 12 =**

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](http://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](http://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.

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

Equifax Verification Services 11432 Lackland Road, St. Louis, MO 63146 - C/O Self Help Enterprises 8445 W. Elowin Court, Visalia CA 93290

**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. ▶ 1040

**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

<b>Sign Here</b>	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](http://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](http://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.



*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.