

Loss Mitigation Package Checklist

Listed below are **ALL** of the items we **MUST** receive before we can review your request. Depending on your individual circumstances, additional information may be required. **ALL** borrowers on the loan must provide a full package.

Please provide the supporting documents:

Guild Financial Statement (Enclosed)

Hardship Letter: Letter detailing the reason as to which you are requesting assistance.
(Please sign and date)

Proof of Hardship: Documentable proof to substantiate the hardship in which you have listed.
I.e. Divorce decree, unemployment award letter, medical bills, proof of reduction of income, etc.

Proof of Income (for all borrowers and contributing household parties)

Employment: Copies of the last 30 days of consecutive paystubs that show year-to-date earnings.

Self-Employed: Signed and dated quarterly Year-to-date Profit and Loss Statement.
Please provide business bank statements for the months provided.

Social Security, Disability, Pension, Retirement, Unemployment, Public Assistance: Copy of your benefits statement/Award letter from your provider that states the amount awarded frequency and duration of benefits.

Child Support or Alimony: Copy of divorce or other court decree; or separation agreement or other written agreement filed with the courts that states the amount awarded and period of time it will be received.

Other Income- Specify: _____

Bank Statements: Two (2) months of the most recent and consecutive **ACTUAL** bank statements for all open accounts. *Transaction History statements will not be accepted.* The statement must show ownership of accounts. All Pages must be received.

Tax Returns: Copies of the last (2) years of your complete and signed tax returns.

710 Form (Mortgage Assistance Application) - (Enclosed)

4506-C - (Enclosed)

Statement of Information: - (Enclosed)

Verification of HOA (Home Owners Association) Dues: You must submit a copy of your association statement that shows your status, current or delinquent.



Please provide the following information.

What is the best phone number to reach you? _____

What is the best time to reach you? _____ am pm

REMINDER

Please submit Checklist along with **ALL** documentation requested. For more information in submitting these documents, see our helpful videos available at <https://www.guildmortgage.com/help-center/hardship-assistance/>

Loan number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Guild Mortgage Company LLC via mail: P.O. Box 85304, San Diego, CA 92186-5304 fax: 858-346-1027 , or online: www.guildmortgage.com / loancounseling@guildmortgage.net. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Guild Mortgage LLC at 877-782-3371.

If you are experiencing a financial hardship you may be eligible for mortgage assistance from your state's housing finance agency or other state or local government agency.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, or information on state or local government mortgage assistance programs that may be available; contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

For additional information on how to avoid foreclosure, including help for military servicemembers, you may also visit Fannie Mae's (FNMA) website at <https://www.fanniemae.com> if you have a FNMA loan, or may visit Freddie Mac's My Home web site at <https://myhome.freddiemac.com>, if you have a FHLMC loan.

Borrower Information

Borrower's name _____

Social Security Number (last 4 digits): _____

E-mail address _____

Primary phone number _____ Cell Home Work Other

Alternate phone number _____ Cell Home Work Other

Co-borrower's name _____

Social Security Number (last 4 digits): _____

E-mail address _____

Primary phone number _____ Cell Home Work Other

Alternate phone number _____ Cell Home Work Cell

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email Text - *checking this box indicates your consent for text messaging*

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner occupied Renter occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? **Yes** **No** - If yes, provide the listing agent's name and phone number—or indicate “for

sale by owner” if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No – If yes, indicate monthly dues:
\$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Reduction in income: a hardship that has caused 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)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability or illness ▪ Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above:	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> ▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR ▪ Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing self-employed income deposit amounts OR ▪ Most recent signed and dated quarterly or year-to-date profit/loss statement OR ▪ Most recent complete and signed business tax return OR ▪ Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	<ul style="list-style-type: none"> ▪ No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements demonstrating receipt of rent OR ▪ Two most recent deposited rent checks
Investment or insurance income	\$	<ul style="list-style-type: none"> ▪ Two most recent investment statements OR ▪ Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing receipt of income OR ▪ Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to Guild Mortgage Company LLC via mail: P.O. Box 85304, San Diego, CA 92186-5304, fax: 858-346-1027, or online: www.guildmortgage.com / loancounseling@guildmortgage.net. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. We will use the information you provide to help us identify the assistance you may be eligible to receive.



BORROWER'S FINANCIAL STATEMENT Loan Number _____

Borrower's Information			
Borrower:		Co-Borrower:	
Social Security:		Social Security:	
Home Phone Number:		Home Phone Number:	
Work Number:		Work Number:	
Property Address:			
Borrower Mailing Address (if same as Property Address, leave blank):			
Co-Borrower Mailing Address (if same as Property Address, leave blank):			
Employer:		Employer:	
How Long:		How Long:	
Occupation:		Occupation:	
Number of People in Household:			
Number of Dependents in Household:			
Borrower: Do you occupy the Property?		Co-Borrower: Do you occupy the Property?	
Borrower: Do you wish to retain the Property (Y/N)?		Co-Borrower: Do you wish to retain the Property (Y/N)?	
Is the Property listed for sale?		If Yes, provide Agent's Name:	
Agent's Phone Number:		Agent's Email:	
Borrower's Financial Information			
<i>Supporting documentation is needed for the following disclosed income</i>			
BORROWER		BORROWER	
Monthly Net Pay	\$	Monthly Net Pay	\$
Overtime Wages/Commissions:	\$	Overtime Wages/Commissions:	\$
Frequency of Pay:	\$	Frequency of Pay:	\$
Unemployment Income:	\$	Unemployment Income:	\$
Disability Income / SSI:	\$	Disability Income / SSI:	\$
Child Support / Alimony:	\$	Child Support / Alimony:	\$
Rental Income:	\$	Rental Income:	\$
Welfare/Food Stamps:	\$	Welfare/Food Stamps:	\$
Other:	\$	Other:	\$
Total:	\$	Total:	\$

Monthly Expenses	
Mortgage	\$
Other Property Payments****	\$
Other Liens****	\$
Car Loan	\$
Car (Insurance and Fuel)	\$
Credit Cards	\$
Child Care****	\$
Child Support****	\$
Alimony****	\$
Personal Loan****	\$
Food	\$
Utilities/Telephone/Cable	\$
Homeowner's Association Dues	\$
Medical (paid out of pocket)****	\$
Student Loan (<i>if deferred over 12 months provide proof</i>)	\$
Other	\$
Total	\$

**** For any disclosed expenses exceeding \$200.00 per month, please provide supporting documentation

Assets (fill out for non-retention only)	
Type	Estimated Value
Home	\$
Checking / Savings Account	\$
Other Property	\$
Boats / RVs	\$
Retirement / 401k	\$
Stocks / Bonds / CDs	\$
Total	\$

Liabilities (fill out for non-retention only)	
Type	Payment per month
Other Property	\$
Other Liens	\$
Car Loan	\$
Credit Cards	\$
Personal Loans	\$
Homeowner's Association Dues	\$
Medical	\$
Other	\$
Total	\$

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the servicer of my (our) mortgage loan on my (our) behalf will be relied exclusively on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or third parties (if applicable).

Note: If you are approved, the retention workout that will be offered to you will be determined by your monthly income and expenses. Please be accurate in reporting your monthly expenses. Any false statements or deliberate misrepresentation of qualifying status will result in disqualification.

By: _____ Date: _____
Signature of Borrower

By: _____ Date: _____
Signature of Borrower

STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION STATEMENT TO BE USED IN CONNECTION WITH ORDER NO: 00293655-995-ND
COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU.

THE STREET ADDRESS of the property in this transaction is:

IF NONE LEAVE BLANK

ADDRESS: _____

CITY: _____

IMPROVEMENTS: SINGLE RESIDENCE MULTIPLE RESIDENCE COMMERCIAL
 OCCUPIED BY: OWNER LESSEE TENANTS
 ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: YES NO

NAME

SPOUSES NAME

FIRST MIDDLE LAST

FIRST MIDDLE LAST

BIRTHPLACE BIRTH DATE

BIRTHPLACE BIRTH DATE

I HAVE LIVED IN CALIFORNIA SINCE SOCIAL SECURITY NUMBER

I HAVE LIVED IN CALIFORNIA SINCE SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NO. _____

DRIVER'S LICENSE NO. _____

WIFE'S MAIDEN NAME: _____

WE WERE MARRIED ON _____ AT _____

RESIDENCE(S) FOR LAST 10 YEARS

NUMBER AND STREET CITY FROM TO

NUMBER AND STREET CITY FROM TO

NUMBER AND STREET CITY FROM TO

NUMBER AND STREET CITY FROM TO

OCCUPATION(S) FOR LAST 10 YEARS

HUSBAND

PRESENT OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

WIFE

PRESENT OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

FORMER MARRIAGES: IF NO FORMER MARRIAGES, WRITE "NONE": _____

NAME OF FORMER SPOUSE _____

IF DECEASED: DATE WHERE

CURRENT LOAN ON PROPERTY

PAYMENTS ARE BEING MADE TO: _____ 2. _____

1. _____ 3. _____

HOMEOWNERS ASSOCIATION _____ NUMBER: _____

DATE _____ SIGNATURE _____

HOME PHONE _____ BUSINESS PHONE _____

Verification of Unemployment

Borrowers Name: _____ Loan Number: _____

Please read carefully and complete all statements that apply:

1. () I am currently unemployed but am receiving or eligible to receive unemployment benefits and/or other compensation based on employment history.
2. () I am currently unemployed and am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.

I certify that the information presented in this affidavit is true and accurate to the best of my knowledge.

Signature

Date

**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-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name <i>(if joint return and transcripts are requested for both taxpayers)</i>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number <i>(see instructions)</i>			2b. Spouse's taxpayer identification number <i>(if joint return and transcripts are requested for both taxpayers)</i>		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address <i>(including apt., room, or suite no.), city, state, and ZIP code</i> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address <i>(including apt., room, or suite no.)</i>		v. City	vi. State	vii. ZIP code	
5b. Customer file number <i>(if applicable)</i> <i>(see instructions)</i>			5c. Unique identifier <i>(if applicable)</i> <i>(see instructions)</i>		
5d. Client name, telephone number, and address <i>(this field cannot be blank or not applicable (NA))</i>					
i. Client name				ii. Telephone number	
iii. Street address <i>(including apt., room, or suite no.)</i>		iv. City	v. State	vi. ZIP code	

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

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 for line 6 transcripts

a. Return Transcript b. Account Transcript c. Record of Account

7. Wage and Income transcript *(W-2, 1098-E, 1099-G, etc.)*

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format *(see instructions)*

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a <i>(see instructions)</i>		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title <i>(if line 1a above is a corporation, partnership, estate, or trust)</i>			
	Spouse's signature <i>(required if listed on Line 2a)</i>			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer

identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

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 cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. 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.



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 if unchecked.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. 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-C will vary depending on individual circumstances. The estimated average time is:

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Learning about the law or the form..... 10 min.
Preparing the form..... 12 min.
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-C 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.