

# FIDELITY FUNDING

67 E. Live Oak Ave Suite #103, Acadia, CA 91006  
(844) 664-8048

Here is the list of documents needed to submit a complete application. Submit your documents by email to [fidelity@fidelity1stfunding.com](mailto:fidelity@fidelity1stfunding.com) or by to FAX 626-371-0494.

## Complete the following documents

1. Pre-screening application (*if married, one form completed for both*)
2. Fidelity 1<sup>st</sup> Borrowers Authorization (*if married, one form for both*)
3. Perfect Escrow Borrowers Authorization (*if married, one form for both*)
4. SSA Form (one for each person)
5. 4506-T (*if married filing taxes together, one form for both*)

## Additional documents required to complete your application

- A. Copy of Driver's License(s)
- B. Home owners Insurance "Declaration Page"
- C. Most recent mortgage statement(s)
- D. Copy of Social Security Card(s)
- E. 30 days most recent pay check stubs
- F. 2017 & 2018 Federal Tax Returns
- G. 2017 & 2018 W-2's, SSA-1099's, 1099-R's, 1099-Misc's
- H. Money Reserves: 401k statement and/or 2 month's bank account statements

Thank you for applying with Fidelity 1<sup>st</sup> Funding. If you have any questions please feel free to call us at (844)664-8048.

*During the loan process...*

*\*Always continue to make all monthly payments on time, including the debts that are to be paid (if a debt consolidation loan).*

*\*Do not apply for or attain any new credit, or increase the amount of debt on the accounts you now have.*

*\*Refrain from allowing other creditors from running your credit report. Too many "hits" or "inquires" may negatively affect your score.*

*\*Do not quit your job or change employment. This will DEFINITELY stop the loan process.*

# Fidelity 1st Funding Pre-Screening Application

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

<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance/Rate & Term	<input type="checkbox"/> Refinance/Cash Out	<input type="checkbox"/> Consolidate Debts	<input type="checkbox"/> Home Improvements	<input type="checkbox"/> Other
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Applicant Information				Email Address:					
Last Name		First Name		Mid Initial	Date of Birth	Social Security	Fico	Married No <input type="checkbox"/> Yes <input type="checkbox"/>	Citizenship U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/>
Present Address				City	ST	Zip	How Long Yrs _____ Mo _____		Home Number
Previous Address if less than 2 years at current address				City	ST	Zip	How Long Yrs _____ Mo _____		Cell Number

Employment								
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>		Current Employer		Position or Title	Gross Mo. Income \$ _____	Type Of Business	Work Number	
Address				City	ST	Zip	Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>		Previous Employer if current less than 2 yrs		Previous Position or Title	Gross Mo. Income \$ _____	Previous Type Of Business	Previous Work Number	
Previous Employer Address				City	ST	Zip	Previously Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Rental Monthly Income \$ _____	Monthly Child Support \$ _____	Monthly Alimony \$ _____	Monthly Dividends \$ _____	Source of Other Income			Other Monthly Income \$ _____	

Co-Applicant Information				Email Address:					
Last Name		First Name		Mid Initial	Date of Birth	Social Security	Fico	Married No <input type="checkbox"/> Yes <input type="checkbox"/>	Citizenship U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/>
Present Address				City	ST	Zip	How Long Yrs _____ Mo _____		Home Number
Previous Address if less than 2 years at current address				City	ST	Zip	How Long Yrs _____ Mo _____		Cell Number

Co-Applicant Employment								
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>		Current Employer		Position or Title	Gross Mo. Income \$ _____	Type Of Business	Work Number	
Address				City	ST	Zip	Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>		Previous Employer if current less than 2 yrs		Previous Position or Title	Gross Mo. Income \$ _____	Previous Type Of Business	Previous Work Number	
Previous Employer Address				City	ST	Zip	Previously Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Rental Monthly Income \$ _____	Monthly Child Support \$ _____	Monthly Alimony \$ _____	Monthly Dividends \$ _____	Source of Other Income			Other Monthly Income \$ _____	

Subject Property Address				<input type="checkbox"/> Same as primary address
Address		City	State	Zip Code

Loan Information							
Pay't Includes Taxes & Ins Yes <input type="checkbox"/> No <input type="checkbox"/>	1st Lien	Mortgage Balance	Mtg Payment	Mtg Ins	Last Payment Date	Interest Rate	Loan Term
Monthly Taxes		Mortgage Company	Pre-Pay Penalty? (X) 0 Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Pay Amount	Int Days 0.00	Int Amount Due \$0	1st Payoff
Monthly Insurance	2nd Lien	Mortgage Balance	Mtg Payment		Last Payment Date	Interest Rate	Loan Term
Monthly H.O.A. Fees		Mortgage Company	Pre-Pay Penalty? (X) 0 Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Pay Amount	Int Days 0.00	Int Amount Due \$0	2nd Payoff

New Loan Information							
New Payment Requested \$ _____	Impounds Requested on New Payment Taxes Yes <input type="checkbox"/> No <input type="checkbox"/> Ins Yes <input type="checkbox"/> No <input type="checkbox"/>			Cash Out Requested \$ _____	Money wired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Title To Be Held Solely <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>	

Reserves					
Saving/Checking \$ _____	401k \$ _____	CD \$ _____	IRA \$ _____	Other \$ _____	Available Initial Investment \$ _____

Additional Questions					
Are your taxes current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage lates in last 12 month?	30 _____ 60 _____ 90 _____		
Do you pay child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____	

# BORROWER CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION

FIDELITY FIRST REAL ESTATE AND MORTGAGE INC.  
DBA : FIDELITY FIRST FUNDING  
67 E LIVE OAK AVE #103  
ARCADIA, CA 91006

App No. \_\_\_\_\_

## Certification

The undersigned hereby certify the following:

1. I/We have applied for a mortgage loan from the above referenced lender. In applying for the loan, I/we completed a loan application containing various information concerning the purpose of the loan, the amount and source of the down-payment (if applicable), employment and income information, and assets and liabilities. I/We certify that all of the information provided therein is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that the Lender referenced above reserves the right to process a full documentation mortgage loan review. This may include verifying the information provided on the application with the employer and/or the financial institution(s) listed therein..
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1010.

## Authorization to Release information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from the Lender referenced above. As part of the application process, said Lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to said Lender and to any investor who may purchase my mortgage, and the mortgage-guaranty insurer (if any), any and all information and/or documentation that they might reasonably request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances, credit history, and copies of income tax returns.
3. Said Lender or any investor that purchases the mortgage may address this Authorization to any party named in the loan application.
4. A copy of this authorization, including a facsimile transmission, may be accepted as an original.
5. Your prompt reply to said lender or the investor that purchased the mortgage is appreciated.

X \_\_\_\_\_  
Borrower: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

X \_\_\_\_\_  
Co-Borrower: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_



77 W. LAS TUNAS DR., SUITE 102  
ARCADIA CALIFORNIA 91007  
TEL: (626) 321.9708 | FAX: (626) 321.9709

Name of Escrow Officer: Sharon Wu

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

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

Borrower's name: \_\_\_\_\_

Borrower's name: \_\_\_\_\_

### BORROWER'S AUTHORIZATION

In order for us to obtain statements of account from your existing lender(s) or homeowner's association, please provide us with the following information on your accounts. We must have accurate and complete information on your accounts, as some take up to 30 days to return our request. Please fill out and return this form as soon as possible.

Applicable Regulation requires authorization in writing from you before a lender can release any payoff information to an Escrow Holder. A delay in returning this signed and completed form could delay the close of this escrow.

#### FIRST TRUST DEED

Lender Name \_\_\_\_\_

Address \_\_\_\_\_

Loan Number \_\_\_\_\_

#### SECOND TRUST DEED

Lender Name \_\_\_\_\_

Address \_\_\_\_\_

Loan Number \_\_\_\_\_

#### FIRE INSURANCE INFORMATION

Company Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Our signatures below are to be considered instructions for obtaining statements; to comply with the instructions of the above named companies; and our authorization to pay from funds due us at the close of escrow said companies' fees, including, but not limited to: Statement Fees, Transfer Fees, Late Fees, Prepayment Penalties, Impound Account Shortages without our further approval.

Please Provide Your Forwarding Address below, so funds or documents may be sent to you after close of escrow.

\_\_\_\_\_  
\_\_\_\_\_

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

BORROWER :

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Authorization for the Social Security Administration (SSA)  
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Seeking a mortgage

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Banking Service
- Background Check
- License Requirement
- Credit Check
- Other

with the following company ("the Company"):

Company Name: Royal Pacific Funding Corporation

Company Address: 3070 Bristol St. Suite 400, Costa Mesa, CA 92626

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

CREDIT PLUS  
31550 WINTERPLACE PKWY, SALISBURY, MD 21804

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature:	Date Signed:
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Relationship (if not the individual to whom the SSN was issued):

**Contact information of individual signing authorization:**

**Address:**

**City/State/ZIP:**

**Phone Number:**

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## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

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### Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ 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).

**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> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a</b> 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.	
<b>CREDIT PLUS, INC. 31550 WINTERPLACE PKWY, SALISBURY MD, 21804 (800) 258-3488</b>	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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**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.

<input type="checkbox"/> <b>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.</b> 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)	_____ Date
▶ _____ 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
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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
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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
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## 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
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Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
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**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.