



Mortgage Refinance Application

Please follow the instructions below to submit a complete mortgage application.

STEP 1: Print, complete and sign the following forms (do not e-sign):

1. Pre-screening application.....(*if married, one form*)
2. Borrowers Certification & Authorization.....(*if married, one form*)
3. Escrow's Borrower Authorization.....(*if married, one form*)
4. Form SSA-89.....(*one form for each person*)
5. Form 4506-C.....(*if married filing joint tax returns, one form*)

STEP 2: Gather the following documents:

- A. Copy of Driver's License(s)
- B. Homeowners Insurance Declaration Page (*for all properties owned*)
- C. Most recent mortgage statement (*for all properties owned*)
- D. Copy of Social Security Card(s)
- E. 30 days of most recent paycheck stub(s)
- F. Benefit Income Letters: Social Security, Pensions or other (*if any*)
- G. 2020 & 2019 W-2's, SSA-1099's, 1099-R's, 1099-Misc's
- H. 401k statement and/or 2 month's personal bank account statements

If you are self-employed or have income properties, we will also need:

- I. Lease agreements, mortgage statements and insurance for any investment properties
- J. 2020 & 2019 Federal Tax Returns
- K. 2020 & 2019 Business Tax Returns (if any)

STEP 3: Send us a copy of your completed forms and documents:

By Email: manuel@fidelity1stfunding.com
By FAX: Fax to (626)371-0494, ATTN: Manuel Salinas
By Mail: ATTN: Manuel Salinas
Fidelity 1st Funding
67 E Live Oak Ave, Suite 103
Arcadia, CA 91006

If you have any questions, please feel free to call us at (844)664-8048 or (626)254-8786. Thank you for applying with Fidelity 1st Funding.

Fidelity 1st Funding Pre-Screening Application - MANUEL

Date: _____

Purchase
 Refinance/Rate & Term
 Refinance/Cash Out
 -
 Consolidate Debts
 Home Improvements
 Other

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				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 _____

TOP ESCROW

615 Las Tunas Drive Suite M
Arcadia, CA 91007

Phone: (626) 234-2061
Fax: (626) 298-7155

ESCROW NO.:

DATE:

PROPERTY ADDRESS:

In order that we may expedite the closing of your escrow, please furnish us with the following information:

EXISTING FIRST TRUST DEED LOAN:

Name of Lender: _____ Current Balance: _____
Address: _____
Loan No.: _____ Phone No.: _____

EXISTING SECOND TRUST DEED LOAN/EQUITY LINE OF CREDIT (IF ANY):

Name of Lender: _____ Current Balance: _____
Address: _____
Loan No.: _____ Phone No.: _____

FIRE INSURANCE COMPANY:

Name of Company: _____
Address: _____
Phone Number: _____ Name of Agent: _____
Policy No.: _____ Expiration Date: _____ Premium Amount: _____

PLEASE NOTE: Lender may require a new policy, with one year's premium to be paid through escrow, if your existing coverage expires sooner than six months from close of escrow.

HOMEOWNER'S ASSOCIATION INFORMATION:

Name of Association: _____
Management Company, if any _____
Address: _____
Account No.: _____ Phone No.: _____
Dues per Month: \$ _____ Paid to: _____

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR SIGNED ESCROW INSTRUCTIONS.

As may be specifically and properly required to complete my transaction described in the Escrow Instructions, you are hereby instructed to obtain and comply with pay-off "demands" from the Lenders or parties named above and to make payment(s) in full from funds accruing to my account at close of escrow including but not limited to, forwarding/service/transfer fees/payments/reconveyance fees, interest or prepayment charges as demanded by such instructions without my further approval. The above referenced Lender(s) may accept a copy of this signed notice as authorization to release information requested by TOP ESCROW.

Borrower

Co Borrower

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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Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: Mission Loans LLC

Company Address: 22632 Golden Springs Dr, Suite 200, Diamond Bar, CA 91765

The name and address of the Company's Agent (if applicable):

Agent's Name: DataVerify

Agent's Address: 250 E. Broad St., Suite 2100, Columbus, OH 43215

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. 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 one-time use. 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):

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.

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>.

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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Reason for authorizing consent: (Please select one)

<input checked="" type="checkbox"/> To apply for a mortgage	<input type="checkbox"/> To apply for a loan	<input type="checkbox"/> To meet a licensing requirement
<input type="checkbox"/> To open a bank account	<input type="checkbox"/> To open a retirement account	<input type="checkbox"/> Other
<input type="checkbox"/> To apply for a credit card	<input type="checkbox"/> To apply for a job	

With the following company ("the Company"):

Company Name: Mission Loans LLC

Company Address: 22632 Golden Springs Dr, Suite 200, Diamond Bar, CA 91765

The name and address of the Company's Agent (if applicable):

Agent's Name: DataVerify

Agent's Address: 250 E. Broad St., Suite 2100, Columbus, OH 43215

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. 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 one-time use. 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):

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.

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

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

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID
DataVerify 250 E. Broad St, Suite 2100, Columbus, OH 43215

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

Caution: This tax transcript is being sent to the third party entered on Line 5a. 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 _____

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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

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 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-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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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

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.

Note: If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 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.



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

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-C 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 sign Form 4506-C.

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:

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.