

# TORRANCE COMMUNITY FEDERAL CREDIT UNION APPLICATION FOR FAST EQUITY

NOTICE: Married applicants may apply for a separate account. Check the appropriate box to indicate the type of credit you are applying for.

**Individual Credit:** Complete Applicant section. Cover other sections as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the account; (2) Information about the party making the payments if you are relying on alimony, spousal support or child support or separate/spousal maintenance as a basis for repayment.

**Joint Credit:** Provide information about both of you by completing Applicant and Co-Applicant/Spouse sections. Initials \_\_\_\_\_  
Primary Joint

Amount Requested \$ _____	Payment Method <input type="checkbox"/> Automatic Payment from Savings <input type="checkbox"/> Automatic Payment From Checking
Purpose: _____	

APPLICANT				Check one:	<input type="checkbox"/> CO-APPLICANT				<input type="checkbox"/> SPOUSE			
Name (Last)		(First)		(Initial)		Name (Last)		(First)		(Initial)		
Member Number	DL#	Social Security Number		DOB		Member Number	DL#	Social Security Number		DOB		
Home Phone <input type="checkbox"/> 1st Contact	Cell Phone <input type="checkbox"/> 1st Contact	Business Phone/Ext. <input type="checkbox"/> 1st Contact		Home Phone <input type="checkbox"/> 1st Contact	Cell Phone <input type="checkbox"/> 1st Contact	Business Phone/Ext. <input type="checkbox"/> 1st Contact						
Primary Home Address (Street, City, State, Zip)						Primary Home Address (Street, City, State, Zip)						
Length of Residence		E-mail address		Length of Residence		E-mail address						
Complete for Joint Credit, Secured Credit or if you live in a community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)						Complete for Joint Credit, Secured Credit or if you live in a community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)						
Number of Dependents (Include Self)				Ages		Number of Dependents (Include Self)				Ages		

EMPLOYMENT AND INCOME INFORMATION						EMPLOYMENT AND INCOME INFORMATION					
Name and Address of Employer						Name and Address of Employer					
Employment Start Date		Gross Salary \$		Position		Employment Start Date		Gross Salary \$		Position	
Other Income \$ per month		Source		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Income \$ per month		Source		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you choose not to have it considered.						NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you choose not to have it considered.					

MORTGAGE											
Current First Mortgage Balance				\$ _____		Monthly Payment				\$ _____	
Second Trust Deed Balance				\$ _____		Monthly Payment				\$ _____	
Estimated Present Value				\$ _____		Annual Household Income				\$ _____	
Who do you pay your mortgage to: _____						Property type <input type="checkbox"/> Single Family <input type="checkbox"/> Rental					
Type of Mortgage Loan _____						<input type="checkbox"/> Condo <input type="checkbox"/> Multi-unit					

### THESE QUESTIONS APPLY TO BOTH APPLICANT AND CO-APPLICANT

If a "Yes" answer is given to a question, explain on an attached sheet	Applicant Yes No	Other Yes No	If a "Yes" answer is given to a question, explain on an attached sheet	Applicant Yes No	Other Yes No
Are you aware of any past due accounts on your credit report?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are you a co-maker or guarantor on any loan not listed above?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Have you had property foreclosed upon or given title or deed in lieu thereof, in the past 7 years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	To Whom (Name of Creditor):	_____	
Are you other than a U.S. Citizen or permanent Resident Alien?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

## SIGNATURES

The undersigned represent(s) and warrant(s) that I/we have the financial ability and intent to repay this loan. Further, there are no undisclosed facts or circumstances concerning my/our finances which would affect my/our ability or intent to repay this loan. I have read and agree to be bound by this Agreement.

<b>X</b> _____	Date	<b>X</b> _____	Date
Applicant Signature		Spouse/Co-Applicant Signature	

SEE NEXT PAGE FOR REQUIRED DOCUMENTS

# Information For Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with the equal opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

## BORROWER

- I do not wish to furnish this information
- American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Hispanic
  - Black
  - White
  - Other
- Specify \_\_\_\_\_

## CO-BORROWER

- I do not wish to furnish this information
- American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Hispanic
  - Black
  - White
  - Other
- Specify \_\_\_\_\_

## TO BE COMPLETED BY INTERVIEWER

This application was taken by:

- Fact-to-Face Interview
- Telephone
- Mail

\_\_\_\_\_  
Interviewer's Name (Print or Type)

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Phone Number

\_\_\_\_\_  
Name and Address of Interviewer's Employer

# Checklist For HELOC

In order to complete your loan processing, we will need the following:

- Completed and signed application
- Copy of your current property tax bill
- Copy of your current property insurance
- Copy of your current pay stubs or previous year's complete 1040 income tax forms, W-2 or 1099 forms
- Copy of your mortgage note
- Copy of your mortgage statement
- Copy of your second trust deed if applicable

**You may return your application to  
Torrance Community Credit Union:**

### By Fax

(310) 618-6824

### By Mail

Torrance Community Credit Union  
PO Box 4327, Torrance, CA 90510-4327

### In Person

Torrance Community Credit Union  
1511 Cravens Avenue  
Torrance, CA 90501-2706

Or scan and send by secure email from the website  
[www.torranceccu.org](http://www.torranceccu.org)





8/10/2018

## **PRIME HOME EQUITY LINE OF CREDIT REQUIREMENTS**

*Offered for owner occupied properties in CA only*

- 1 Completed and signed Application
- 2 Copy of current property tax bill
- 3 Copy of current property insurance policy
- 4 Copy of statement or coupon showing where your First Trust Deed is held
- 5 Copy of the Note for your First Trust Deed
- 6 Copy of statement or coupon showing where your existing Second Trust Deed is held
- 7 Copy of the Note for your Second Trust Deed
- 8 Copies of two current pay stubs; most recent Federal Tax Return for self-employed income, 1099 employees, rental or business income

*The following required documents are included in this packet:*

- 9 Signed Information Disclosure Authorization
- 10 Signed Fair Lending Notice
- 11 Signed Right to Receive Copy of Appraisal
- 12 Completed and signed 4506-T
- 13 Completed and signed Statement of Information

Flood Insurance shall be required whenever the mortgaged premises lie within a flood hazard area as identified by the Department of Housing and Urban Development (HUD). The amount of coverage shall not be less than the mortgage amount. The first year's premium is to be prepaid with a copy of the paid bill furnished to the credit union.

***Please be certain that all copies and signatures are provided.***



INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize you to release Torrance Community Federal Credit Union information or verification for purposes concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and saving accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balances and payment record).
- Any other information deemed necessary in connection with a consumer Credit report for a real estate transaction.

This information is for the confidential use in compiling a mortgage loan, credit report for a 2TD, VA/FHA or a conventional home loan lender.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my real estate transaction.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE HOUSING FINANCIAL DISCRIMINATION  
ACT OF 1977**

**FAIR LENDING NOTICE**

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation, or refinancing of one-to-four-unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four-unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this institution or:

**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
300 South Spring Street  
Suite 15513  
Los Angeles, California 90013-1204

**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
45 Fremont Street  
Suite 1700  
San Francisco, California 94105-2219

**NATIONAL CREDIT UNION ADMINISTRATION**  
Office of Consumer Protection  
1775 Duke Street  
Alexandria, VA 22314-3437

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**ACKNOWLEDGMENT OF RECEIPT**

I (We) received a copy of this notice.

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Advance Truth-in-Lending Disclosure

## Important Terms of the Torrance Community Federal Credit Union HOME EQUITY LINE OF CREDIT

This disclosure contains important information about the Torrance Community Federal Credit Union Home Equity Line of Credit. Please read it carefully and keep it for your records. As used in this disclosure, the words YOU and YOUR mean each and all of the persons who sign an agreement with the Lender, that is, the borrowers. The words WE and US mean the Credit Union, that is, the Lender.

### 1. Availability of Terms

All of the terms described below are subject to change. If these terms change (other than the **ANNUAL PERCENTAGE RATE (APR)**) and you decide, as a result, not to enter into an agreement with us, you are entitled to a refund of any fees you paid to us or anyone else in connection with your application.

### 2. Security Interest

We will take a security interest in your home. You could lose your home if you do not meet the obligations in your agreement with us.

### 3. Possible Actions

We can terminate your credit line, require you to pay us the entire outstanding balance in one payment, and charge you certain fees if:

- You engage in fraud or material misrepresentation in connection with the line of credit.
- You do not meet the repayment terms.
- Your action or inaction adversely affects the collateral or our rights in the collateral.

We can refuse to make additional extensions of credit or reduce your credit limit if:

- The value of your dwelling securing the line of credit declines significantly below its appraised value for purposes of the credit line.
- We reasonably believe you will not be able to meet the repayment requirements due to a material change in your financial circumstances.
- You are in default of a material obligation in the agreement.
- Government action prevents us from imposing the **ANNUAL PERCENTAGE RATE** provided for or impairs our security interest such that the value of the interest is less than 120 percent of the credit line.
- A regulatory agency has notified us that continued advances would constitute an unsafe or unsound practice.
- The maximum **ANNUAL PERCENTAGE RATE** is reached.

The initial agreement permits us to make certain changes to the terms of the agreement at specified times or upon the occurrence of specified events.

### 4. Minimum Draw Requirements

The minimum initial advance that you can receive is \$500. The minimum subsequent credit advance that you can receive is \$500.

### 5. Draw Period

You can obtain advances of credit for ten (10) years (the "Draw Period"). During the draw period, payments will be due monthly. The amount of your minimum monthly payment will be adjusted after each advance and after each date the **ANNUAL PERCENTAGE RATE** (corresponding to the periodic rate) applicable to your line of credit changes as described in the "Variable Rate Feature" and "Rate Changes" sections of this disclosure. The payment will equal nine-tenths of one percentage point (.90%) of the outstanding balance on the account.

### 6. Repayment Period

After the draw period ends, you will no longer be able to obtain credit advances and you must pay the outstanding balance. The length of the repayment period will depend on the balance outstanding at the beginning of it. During the repayment period, the amount of your minimum monthly payment will be adjusted and calculated in the same manner as during the draw period.

### 7. Other Payment Information

In no event will your minimum payment be less than \$100 unless the outstanding balance on your line of credit is less than that amount, in which case your minimum payment will be the amount of your outstanding balance.

**Your monthly minimum payment may also be adjusted at each rate "Change Date" if an increase in the ANNUAL PERCENTAGE RATE would result in negative amortization.** The monthly payment will then be the amount of unpaid interest, plus any previous amounts due. You may make larger payments on your account at any time and you may repay all or any portion of the amounts that you may owe to us at any time without penalty. All payments will be applied first to interest, then to the outstanding balance of the Account.

### 8. Minimum Payment Example

**80% Loan to Value:** If you made only the minimum payments and took no other credit advances, it would take 10 years and 1 month to pay off a credit advance of \$10,000 at an **ANNUAL PERCENTAGE RATE** of 3.75%. During that period, you would make 120 monthly payments of \$100.00 and one final payment of \$8.93.

**90% Loan to Value:** If you made only the minimum payments and took no other credit advances, it would take 10 years and 6 months to pay off a credit advance of \$10,000 at an **ANNUAL PERCENTAGE RATE** of 4.50%. During that period, you would make 125 monthly payments of \$100.00 and one final payment of \$56.96.

### 9. Fees\* & Charges

To open and maintain a line of credit, you must pay us the following fees:

- a) Direct Fees Processing Fee\*\*: \$250.00
- b) You may be required to pay certain fees\*\* to third parties to open a line of credit. If applicable, these third party fees\*\* generally total between \$200 and \$500. If you ask, we will give you an itemization of the fees you will have to pay to third parties.

### 10. Hazard Insurance

You must maintain hazard insurance coverage on your home naming us as the loss payee and insuring the property against loss or damage from fire and other perils.

\* All fees paid in connection with the application will be refunded if, within 3 days of receiving this disclosure and the home equity brochure (or if the disclosure and brochure have been mailed to you, then within 6 business days after the mailing), you decide not to enter into an agreement with us.

\*\* The Processing Fee and third party fees will be waived providing the line of credit remains open for a minimum of 18 months from the date of the loan. If the line of credit is paid off and closed within the first 18 months you will be required to pay the processing fee and third party fees in addition to any fees required to reconvey the security on the loan.

You must also maintain flood insurance if your property is located in an area designated as an area having special flood hazards. The proceeds of any insurance policy on the property, whether or not required by us, shall be applied solely to repairs of the property or repayment of the loan.

No lender shall require a borrower, as a condition of receiving or maintaining a loan secured by real property, to provide hazard insurance coverage against risks to the improvements on that real property in an amount exceeding the replacement value of the improvements on the property.

**11. Tax Deductibility**

You should consult a tax advisor regarding the deductibility of interest and charges for the credit line.

**12. Variable-Rate Feature**

The line of credit has a variable-rate feature, and the **ANNUAL PERCENTAGE RATE** (corresponding to the periodic rate) and the minimum monthly payment (or number of payments) can change as a result. The **ANNUAL PERCENTAGE RATE** includes only interest and no other costs. The **ANNUAL PERCENTAGE RATE** is based on the value of an index. The index is defined as the Prime Rate as regularly published in the Money Rates table of the *Wall Street Journal*. When a range of rates is published, the highest rate will be selected. To determine the **ANNUAL PERCENTAGE RATE** that will apply to your line of credit, we add a margin to the value of the index. The margin will be determined by your credit score.\*\*\* The initial **ANNUAL PERCENTAGE RATE** may be discounted--it is not based on the index and margin used for later rate adjustments. The initial rate, if applicable, will be in effect for twelve months from the date of your loan. Ask us for the current index value, margin, rate limitations and **ANNUAL PERCENTAGE RATE**. After you open a line of credit, rate information will be provided on periodic statements that we send you.

**13. Rate Changes**

The **ANNUAL PERCENTAGE RATE** can change semi-annually on the first day of the month following each six-month period. The rate cannot increase or decrease by more than two percentage points (2%) in any one year period. The maximum Annual Percentage Rate that can apply is six percentage points (6%) above the fully indexed rate or 18%, whichever is less. In no event will the Annual Percentage Rate be less than 3%.

**14. Maximum Rate and Payment Example**

**80% Loan to Value:** If you had an outstanding balance of \$10,000, the minimum monthly payment at the maximum **ANNUAL PERCENTAGE RATE** of 9.75% would be \$105.94. This **ANNUAL PERCENTAGE RATE** could be reached in the third year.

**90% Loan to Value:** If you had an outstanding balance of \$10,000, the minimum monthly payment at the maximum **ANNUAL PERCENTAGE RATE** of 10.50% would be \$110.54. This **ANNUAL PERCENTAGE RATE** could be reached in the third year.

**15. Historical Example**

The following table shows how the **ANNUAL PERCENTAGE RATE** and the minimum payments for a single \$10,000 credit advance would have changed based on changes in the Index over the past 15 years. The Index values are from July of each year. While only one payment option per year is shown, payments could have varied during each year. The table assumes that no additional credit advances were taken, that only the minimum payments were made, and that the rate remained constant during each year. It does not necessarily indicate how the index or your payments will change in the future. The margin disclosed is one used recently.

**HISTORICAL TABLE**

<b>YEAR</b>	<b>INDEX</b>	<b>MARGIN*</b>	<b>APR</b>	<b>MIN. MO. PMT.</b>
<b>2003</b>	4.00%	-.50%	3.50%	100.00
<b>2004</b>	4.25%	-.50%	3.75%	100.00
<b>2005</b>	6.25%	-.50%	5.75%	100.00
<b>2006</b>	8.25%	-.50%	7.75%	100.00
<b>2007</b>	8.25%	-.50%	7.75%	100.00
<b>2008</b>	5.00%	-.50%	5.75%**	100.00
<b>2009</b>	3.25%	-.50%	3.75%**	100.00
<b>2010</b>	3.25%	-.50%	3.00%***	100.00
<b>2011</b>	3.25%	-.50%	3.00%***	100.00
<b>2012</b>	3.25%	-.50%	3.00%***	100.00
<b>2013</b>	3.25%	-.50%	3.00%***	100.00
<b>2014</b>	3.25%	-.50%	3.00%***	00.00
<b>2015</b>	3.25%	-.50%	3.00%***	00.00
<b>2016</b>	3.50%	-.50%	3.00%	00.00
<b>2017</b>	4.25%	-.50%	3.75%	00.00

\* The margin disclosed is one used recently for an 80% LTV; your margin may be different.

\*\* This rate reflects the maximum rate adjustment of 2% per year.

\*\*\* This rate reflects the minimum **ANNUAL PERCENTAGE RATE** of 3.00%. The margin may be as low as -.50% and as high as 6.00%.





# Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

**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 "Order a Return or Account Transcript" 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 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.	

**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 5, 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 1120A, Form 1120H, Form 1120L, 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft on your federal tax return** . . . . .

**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, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

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

**Future Developments**

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**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 5) 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 and click on "Order a Return or Account Transcript" 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  512-460-2272
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  559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, 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 P-6 Kansas City, MO 64999  816-292-6102

**Chart for all other transcripts**

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**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 address 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 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. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**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.

**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.

**STATEMENT OF INFORMATION  
CONFIDENTIAL INFORMATION  
FOR YOUR PROTECTION**

**Order No.:** \_\_\_\_\_

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A." If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse/domestic partner, if applicable) to the transaction should personally sign this form.

**NAME AND PERSONAL INFORMATION**

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Middle Name Last Name Maiden Name  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other name you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently married? \_\_\_\_\_ If yes, complete the following information:

Date and place of marriage \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Middle Name Last Name Maiden Name  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other name you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently a registered domestic partner? \_\_\_\_\_ If yes, complete the following information:

Domestic Partner: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Middle Name Last Name Maiden Name  
(If none, indicate)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

List any other name you have used or been known by \_\_\_\_\_

State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

**CHILDREN**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(if more space is required, use reverse side of form)

**RESIDENCES (LAST 10 YEARS)**

\_\_\_\_\_ From (date) to (date)  
Number & Street City

\_\_\_\_\_ From (date) to (date)  
Number & Street City

(if more space is required, use reverse side of form)

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**OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

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Firm or Business Name	Address	From (date) to (date)
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Firm or Business Name	Address	From (date) to (date)
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(if more space is required, use reverse side of form)

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**SPOUSE'S/DOMESTIC PARTNER'S OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

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Firm or Business Name	Address	From (date) to (date)
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Firm or Business Name	Address	From (date) to (date)
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(if more space is required, use reverse side of form)

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**STATEMENT OF INFORMATION**  
**CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**  
(continued)

**PRIOR MARRIAGE(S)**

Any prior marriages for either spouse? \_\_\_\_\_ If yes, complete the following:

Prior spouse's (Party A) name: \_\_\_\_\_ Prior Spouse of Party A: \_\_\_\_\_

Marriage ended by:  Death  Divorce Date of Death/Divorce: \_\_\_\_\_

Prior spouse's (Party B) name: \_\_\_\_\_ Prior Spouse of Party B: \_\_\_\_\_ Spouse \_\_\_\_\_

Marriage ended by:  Death  Divorce Date of Death/Divorce: \_\_\_\_\_

(if more space is required, use reverse side of form)

**PRIOR DOMESTIC PARTNERSHIP(S)**

Any prior domestic partnerships for either person? \_\_\_\_\_ If yes, complete the following:

Prior partner's name: \_\_\_\_\_ Prior Partner: \_\_\_\_\_

Partnership ended by:  Death  Dissolution  Nullification  Termination Date of Death/Dissolution/etc.: \_\_\_\_\_

Prior partner's name: \_\_\_\_\_ Prior Partner: \_\_\_\_\_

Partnership ended by:  Death  Dissolution  Nullification  Termination Date of Death/Dissolution/etc.: \_\_\_\_\_

(if more space is required, use reverse side of form)

**INFORMATION ABOUT THE PROPERTY**

Buyer intends to reside on the property in this transaction:  Yes  No

**Owner to complete the following items**

Street Address of Property in this transaction: \_\_\_\_\_

The land is  unimproved; or improved with a structure of the following type:  A Single or 1-4 Family  Condo Unit  Other \_\_\_\_\_

Improvements, remodeling or repairs to this property have been made within the past six (6) months:  Yes  No

If yes, have all costs for labor and materials arising in connection therewith been paid in full?  Yes  No

Any current loans on property? \_\_\_\_\_ If yes, complete the following:

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account No. \_\_\_\_\_

Lender \_\_\_\_\_ Loan Amount \_\_\_\_\_ Loan Account No. \_\_\_\_\_

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

(Note: If applicable, both spouses/domestic partners must sign.)

**THANK YOU.**