Blick Law Firm
4351 Gunn Hwy Tampa, FL 33618
Office: (813) 931-0840 Fax: (813) 931-8935

Authorization to Obtain or Release Information
La Autorización para Obtener o Liberar Información

I understand that this Authorization to Obtain or Release Information allows **representatives Kim Wilson, Kimberly Rodriguez, Nicole Cortes, and Chantil Colon, Teneca Williams** with **Blick Law Firm and** _______________ (Realtor) to obtain and/or share my personal information in order to represent my mortgage needs. Agencies allowed to obtain and/or share this information will include mortgage companies, real estate agencies, credit reporting agencies, financial institutions, employers and government agencies. I understand that the information obtained by Infinity Group will be kept confidential and will **only** be used to determine the best possible solution for my mortgage needs.

Entiendo que esta *Autorización para Obtener o Liberar Información* permite a los representantes de Blick Law Firm obtener y/o compartir mi información personal en orden de representar mis necesidades hipotecarias. Las agencias permitidas en obtener y/o compartir mi información incluirán compañias hipotecarias, agencias de bienes raíces, agencias de reporte de credito, instituciones financieras, empleados y agencias del gobierno. Entiendo que la información obtenida por "Infinity Group" sera mantenida confidencial y **solo** usada para determinar la mejor solución a mis necesidades hipotecarias.

I hereby authorize the release of information to or from **Blick Law Firm** for the purpose of determining and representing my mortgage needs. This includes but is not limited to mortgage records, loan terms and conditions, real estate records, credit history and income information. The Expiration on this authorization will be effective a year after this release is signed. Expiration Date: __/__/___

*Yo por la presente autorizó la liberación de información a/de **Blick Law Firm** para el propósito de determinar y representar mis necesidades hipotecarias. Esto incluye pero no es limitado a archivos de hipoteca, los términos de préstamo y condiciones, los archivos de bienes raíces, historial de crédito e información sobre los ingresos.*

_______________________ _______________________ __________

Applicant Name *(Print)* Applicant Signature Date
Nombre del Solicitante *Firma* *Fecha*

Soc.Sec./TIN#______________________Phone Number: ______________________

_______________________ _______________________ __________

Co-Applicant Name *(Print)* Co-Applicant Signature Date
Nombre del Co-Solicitante *Firma del Co-Solicitante* *Fecha*

Soc.Sec./TIN#______________________Phone Number: ______________________

First Mortgage Holder ______________________ Acct# ______________________

Second Mortgage Holder ______________________ Acct# ______________________

Property Address:____

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Date ________________

Name: ____

Address: ____

____

Thank you for the opportunity to represent you. We truly value your confidence and we will do all we can to justify your trust in us. Please be advised that this Agreement for Authority to Represent and Contract for Legal Services (the "Agreement") sets forth various aspects of the relationship between you and Blick Law Firm. We have accepted your offer to engage our legal services based upon the facts as you have presented them to us. There may be additional factual, procedural and legal circumstances discovered that may affect your case.

As such, this agreement sets forth our scope of representation. The retainer that is required under this agreement is for specified tasks.

<u>These services include but are not limited to:</u>

- Preparation of a loan modification document package
- Obtaining a generally accepted property valuation
- Preparing modification possibilities for the client's loan(s) scenario
- Submitting loan modification package to lender(s)
- Providing best efforts with Lender(s)
- Delivering results of the loan modification process

The client(s) understand that they are entering into a service contract for a fee. The client(s) are paying for the listed services to be performed. The client(s) further assert their understanding that they are NOT paying for a specific outcome, they are paying for the service. The fee is not contingent upon the client(s) receiving their preferred loan modification terms and/or requests.

MICHAEL C. BLICKENSDERFER, ATTORNEY AT LAW
4351 Gunn Hwy . Tampa, Fl. 33618 . (813) 931-0840 . Fax: (813) 931-8935 . BlickLawFirm.com

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PAYMENT & REFUND

Client(s) agree to pay a legal fee of twenty five hundred dollars ($2,500.00) for the services as outlined in this retainer agreement containing ONLY one mortgage. Anything over 1 mortgage(s) is an additional five hundred dollars ($500) per mortgage. As detailed below, once payment is made the fees are **non-refundable.** If for whatever reason your loan modification has been denied or rejected, you will be refunded five hundred dollars ($500.00). **Initial deposit of One-Thousand dollars ($1000.00) must be paid up front and the remaining balance of full fees shall be paid within thirty (30) business days of this Agreement.**

You acknowledge that Blick Law Firm is initiating this representation at your request. We have provided you with an initial, preliminary analysis of your case and explained that any applicable case law, statutes and regulations **may or may not lend themselves to a favorable outcome and you agree to this representation with full knowledge of these facts.**

Further, you understand that the retainer paid is non-refundable in any circumstance, even if your case is disposed of quickly or if you disengage from Blick Law Firm at any time. You acknowledge that this is a reasonable fee arrangement for several reasons, including but not limited the fact: (1) that this matter may involve considerable time and labor; (2) that this matter may present novel, complex and difficult questions; (3) that our representation of you will preclude Blick Law Firm from being employed by other potential clients; (4) that this matter relates to significant subject matter; (5) that this matter requires involved responsibility; (6) that this matter involves circumstances that impose time limitations; and (7) that you are availing yourself of the experience, reputation, diligence and ability of the Firm and the lawyers working on your file.

Michael C. Blickensderfer, Attorney at Law, maintains high standards for client care and satisfaction and will give best efforts to pre-qualifty clients prior to engaging into a service contract. However, **Blick Law firm** does not guarantee a specific outcome in the loan modification process. In cooperation with **Michael C. Blickensderfer, Attorney at Law,** giving best efforts for success, it is also expected that the client(s) will give their best effort to provide all requested items for the process in an expeditious, accurate and truthful manner.

Client(s) understand that **Blick Law Firm** has not encouraged you to dishonor your financial obligations. You are responsable for all notes and debts, related or unrelated to your home loan(s), and your credit will continue to be affected in the same manner by your payment habits with your home loan and other creditors. During the process, your lender(s) may continue to contact you for collection attempts and continue the process of foreclosure if you are delinquent on your payments. In many cases the process is delayed during loan modification negotiations,

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however, if a resolution is not reached, the possibility of foreclosure still exists to those client(s) that are not continually making timely payments for their home loan. The client(s) agree to hold harmless and indemnify **Michael C. Blickensderfer, Attorney at Law**, and his affiliates from any costs, legal fees, credit reports, or any other aspect related to the foreclosure process for loss of their home.

Client(s) understands that **Blick Law Firm**, is not a lender, note holder, banker or servicer. **Michael C. Blickensderfer, Attorney at Law**, and their affiliates do not accept loan payments, modify the note themselves, or play any role in the mortgage servicing sector. As a result of all outcomes from this loan modification, the client(s) are subject to and responsible for any and all items in the mortgage notes for which you now obligated and in future will be obligated to.

The client(s) assert that they understand that after the listed services are completed, there will be no additional obligation from **Blick Law Firm**, and affiliates to the client in any respect. Client(s) understand that once the enrollment package has been submitted and the service is paid, it is considered earned by **Michael C. Blickensderfer, Attorney at Law**, and its affiliates. Client(s) further understand that even though **Michael C. Blickensderfer, Attorney at Law**, is a Law Firm, certain loss mitigation services may be provided by agents and subcontractors who are not lawyers, but who will operate under the supervision of a licensed lawyer and their fees and costs will be paid from **Michael C. Blickensderfer, Attorney at Law**, as services are rendered. You acknowledge that anyone not a lawyer will operate pursuant to the supervision and/or the authorization of a licensed lawyer.

Client(s) understand that time is of the essence. Throughout the modification process additional information and documentation will be requested. In order for us to accomplish a modification it is essential that these requests be addressed and the requested documentation and information be forwarded to **Michael C. Blickensderfer, Attorney at Law**, within a timely fashion. The client(s) further understands that their process will be delayed and possibly terminated if the requested items are not returned or addressed within a reasonable five business day response window. Additionally, if **Michael C. Blickensderfer, Attorney at Law**, performs and the information provided by clients is incorrect, insufficient, or the process is interfered with by client(s), the client(s) acknowledge that these actions may cause the process to be cancelled and a denial of resolution by their lender. IF **Michael C. Blickensderfer, Attorney at Law**, is forced to cancel this agreement due to client(s) failure to perform any obligation under this agreement, or failure to provide documents or information requested of them in a reasonable five day time period, work on a client(s) file may be terminated

MICHAEL C. BLICKENSDERFER, ATTORNEY AT LAW
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Professionals Working on Your File

Michael C. Blickensderfer, Esquire, is the founding member of the Firm. However, you are hereby retaining Blick Law Firm and not Mr. Blickensderfer, individually. Mr. Blickensderfer may, in his discretion, participate in your case. However, Mr. Blickensderfer will supervise the staff handling your case and/or review your file. Occasionally, Mr. Blickensderfer may preliminary review various aspects of your file for purposes related to protection of the Firm's interests or the protection of various aspects of your legal interests. He may consult with staff members or other attorneys in Blick Law Firm or consult with you concerning certain aspects of your legal matter.

Termination of Services and Client Documents

You have the right to terminate Blick Law Firm's representation for any reason at any time. Blick Law Firm reserves the same right upon giving reasonable notice. Among the reasons which might lead Blick Law Firm to conclude that it should terminate its representation are (1) non-payment of fees, (2) your failure to be forthright, cooperative or supportive of Blick Law Firm's efforts, (3) your misrepresentation of, or failure or refusal to disclose material facts to the Firm, (4) your failure or refusal to accept Blick Law Firm's advice, (5) the discovery of a conflict of interest with another client, or (6) any other reason permitted or required under the rules of professional conduct governing the legal profession. Upon termination of Blick Law Firm's representation, the Firm will submit a letter to the client in writing regarding cancellation.

Non-Cooperative Clients

Blick Law Firm reserves the right to cancel the client's file if we find client deliberately delaying the loan modification process. Client must respond in a timely fashion to all documentation and payments that is requested from this office. Blick Law firm will submit a letter of notification prior to cancellation of file. Once client has received the letter and still has not responded the file will be closed out.

Construction of Contract and Counterparts

This contract shall be governed by the laws of the State of Florida. Venue for any dispute shall be in Hillsborough County, Florida. This retainer agreement may be signed in one or more counterparts. A facsimile of this agreement shall be considered the same as the original.

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Conclusion

The foregoing terms are accepted and agreed to by the undersigned. Further, I have signed this statement and received a signed copy to keep while being represented by Blick Law Firm. A facsimile copy of this retainer agreement shall be deemed an original for all purposes.

______________________________	____________________
Client Name	Date
______________________________	____________________
Client Name	Date
______________________________	____________________
Attorney at Law Michael C. Blickensderfer	Date

Borrower(s) Name(s): ____________________

Loan Number(s): ____________________

☐ Owner Occupied ☐ Non-Owner Occupied

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Required Documentation for Borrower and Co-Borrower

If you are a Wage Earner (you received a W-2 from your employer) please use the following checklist:

- ☐ Two (2) most recent Pay Stubs (two for each borrower)
  Length of service with Current Employer: Borrower Year(s):_______ Month(s):_______ Co-Borrower Year(s):_______ Month(s):_______
- ☐ Most recent one (1) month's of Complete Bank Statement (must provide all pages)
- ☐ Most recent statement(s) supporting assets listed on page 2 of the Request for Modification and Affidavit Form (must provide all pages of statements)
- ☐ Most recent Tax Return Completed (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- ☐ Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc) if you want such income considered for a loan workout
- ☐ Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc)
- ☐ Proof of occupancy –a recent utility bill in your name at property address
- ☐ Proof of payment of Homeowner's Association Fees (if applicable)
- ☐ If loan is Non-Escrowed
  A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc)
  B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
- ☐ Non-Owner Occupied (ONLY)
  A) Rental Income with copies of Rental Agreement
  B) Principal, Interest, Taxes, and Insurance for Primary Residence $____________________
  C) Mortgage Holder(s) for Primary Residence ____________________
  D) Primary Residence Address (input below)
- ☐ Completed Request for Modification and Affidavit Form (enclosed) Be sure all borrowers sign and date this form
- ☐ Completed 4506T-EZ Form– Request for Transcript of Tax Return (enclosed). Be sure to sign and date this form.

If you are Self Employed, please use the following checklist:

- ☐ P & L Statement / Audited or reviewed YTD Income Statement (must provide)
- ☐ Most recent two (2) years Tax Returns Completed (personal and business, signed with all pages) or 1099s or most recent two (2) years filed and proof of extension
- ☐ Last four (4) months of complete Business and Personal Bank Statements (must provide all pages If a business account is not used, provide a written statement stating a business account is not used)
- ☐ Most recent statement(s) supporting assets listed on page 2 of the Request for Modification and Affidavit Form (must provide all pages of statements)
- ☐ Length of time of Business Ownership: Borrower Year(s):_______ Month(s):_______ Co-Borrower Year(s):_______ Month(s):_______
- ☐ Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc) if you want such Income considered for a loan workout
- ☐ Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc)
- ☐ Proof of occupancy –a recent utility bill in your name at property address
- ☐ Proof of payment of Homeowner's Association Fees (if applicable)
- ☐ If loan is Non-Escrowed
  A) Copy of the most recent property tax bill(s) with a copy of the canceled check for all applicable taxes (County, City, School, etc)
  B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
- ☐ Non-Owner Occupied (ONLY)
  A) Rental Income with copies of Rental Agreement
  B) Principal, Interest, Taxes, and Insurance for Primary Residence $____________________
  C) Mortgage Holder(s) for Primary Residence ____________________
  D) Primary Residence Address (input below)
- ☐ Completed Request for Modification and Affidavit Form (enclosed). Be sure all borrowers sign and date this form
- ☐ Completed 4506T-EZ Form – Request for Transcript of Tax Return (enclosed). Be sure to sign and date this form.

Primary Address: ____________________

Comments: ____________________

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

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Loan I D Number________________ Servicer________________

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to:	☐ Keep the Property	☐ Sell the Property	
The property is my:	☐ Primary Residence	☐ Second Home	☐ Investment
The property is:	☐ Owner Occupied	☐ Renter Occupied	☐ Vacant

Mailing address

Property address (if same as mailing address, just write same) E-mail address

Is the property listed for sale? ☐Yes ☐No
Have you received an offer on the property? ☐Yes ☐No
*Date of offer*________ *Amount of offer $*________
*Agent's Name:*________
*Agent's Phone Number:*________
For Sale by Owner? ☐Yes ☐No

Have you contacted a credit-counseling agency for help ☐Yes ☐No
If yes, please complete the following:
*Counselor's Name:*________
*Agency Name:*________
*Counselor's Phone Number:*________
*Counselor's E-mail:*________

Who pays the real estate tax bill on your property?
☐I do ☐Lender does ☐Paid by condo or HOA
Are the taxes current? ☐Yes ☐No
Condominium or HOA Fees ☐Yes ☐No $________
*Paid to:*________

Who pays the hazard insurance premium for your property?
☐I do ☐Lender does ☐Paid by Condo or HOA
Is the policy current? ☐Yes ☐No
*Name of Insurance Co.:*________
*Insurance Co. Tel #:*________

Have you filed for bankruptcy? ☐Yes ☐No If yes: ☐Chapter 7 ☐Chapter 13 *Filing Date:*________
Has your bankruptcy been discharged? ☐Yes ☐No *Bankruptcy case number*________

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

☐ My household income has been reduced For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	☐ My monthly debt payments are excessive and I am overextended with my creditors Debt includes credit cards, home equity or other debt
☐ My expenses have increased For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	☐ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

☐ Other:

Explanation (continue on back of page 3 if necessary): ________________

INCOME/EXPENSES FOR HOUSEHOLD[1]

Number of People in Household:

Monthly Household Income	
Monthly Gross Wages	$
Overtime	$
Child Support / Alimony / Separation[2]	$
Social Security/SSDI	$
Other monthly income from pensions, annuities or retirement plans	$
Tips, commissions, bonus and self-employed income	$
Rents Received	$
Unemployment Income	$
Food Stamps/Welfare	$
Other (investment income, royalties, interest, dividends etc.)	$
Total (Gross Income)	$

Monthly Household Expenses/Debt	
First Mortgage Payment	$
Second Mortgage Payment	$
Insurance	$
Property Taxes	$
Credit Cards / Installment Loan(s) (total minimum payment per month)	$
Alimony, child support payments	$
Net Rental Expenses	$
HOA/Condo Fees/Property Maintenance	$
Car Payments	$
Other ________	$
Total Debt/Expenses	$

Household Assets	
Checking Account(s)	$
Checking Account(s)	$
Savings/ Money Market	$
CDs	$
Stocks / Bonds	$
Other Cash on Hand	$
Other Real Estate (estimated value)	$
Other ________	$
Other ________	$
Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total Assets	$

INCOME MUST BE DOCUMENTED

[1]Include combined income and expenses from the borrower and co-borrower (if any) If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

[2]You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race For race, you may check more than one designation If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname If you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below

BORROWER	☐ I do not wish to furnish this information	CO-BORROWER	☐ I do not wish to furnish this information
Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino	*Ethnicity:*	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	*Race:*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Sex:	☐ Female ☐ Male	*Sex:*	☐ Female ☐ Male

To be completed by interviewer

This request was taken by: ☐ Face-to-face Interview ☐ Mail ☐ Telephone ☐ Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

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REQUEST FOR MODIFICATION AND AFFIDAVIT

Date: ____/____/____

____
BORROWER SIGNATURE

Date: ____/____/____

____
CO-BORROWER SIGNATURE

MICHAEL C. BLICKENSDERFER, ATTORNEY AT LAW
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Form **4506-T**

(Rev January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ 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 also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)

2a If a joint return enter spouse's name shown on tax return

2b Second social security number if joint tax return

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

4 Previous address shown on the last return filed if different from line 3

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. The IRS has no control over what the third party does with the tax information.

Caution. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

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 30 calendar days ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar 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 2007, filed in 2008, will not be available from the IRS until 2009. 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 45 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

2008 2009 ____________ ____________

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, either husband or wife 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 signature date*

Telephone 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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

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 RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia North Carolina South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville GA 30362 770-455-2335
Alabama, Kentucky Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, 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	RAIVS Team Stop 37106 Fresno CA 93888 559-456-5876
Arkansas, Connecticut, Delaware District of Columbia Maine, Maryland Massachusetts Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont Virginia West Virginia	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 the "Internal Revenue Service" at:
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, Tennessee, Texas Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	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, Vermont, Virginia, West Virginia Wisconsin	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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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.

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 Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.