2020
City of Springdale
Home Improvement Repair Program

SPRINGDALE BUILDING DEPARTMENT
11700 SPRINGFIELD PIKE
SPRINGDALE, OH 45246
PH: 513-346-5730
FAX: 513-346-5747
What is the Home Improvement Repair Program?
The City of Springdale Home Improvement Repair Program assists owner-occupied homeowners in Springdale with needed repairs and improvements to the exterior of their homes. The homeowner is reimbursed for repair/improvement costs incurred up to a maximum of $2,500.00.

Who is eligible to participate?
All Springdale owner-occupied homeowners whose household income does not exceed that shown on the chart below based on family size. Homeowners may only take advantage of this program once per year.

What repairs/improvements are eligible?
Repairs and improvements to the exterior of residential structures and property are eligible. The following improvements are not eligible:
1. Swimming pools, spas or hot tubs
2. Landscaping, plant materials, gardens
3. Underground utilities, storm lines
4. Play equipment
5. New detached accessory structures or additions to such structures.
If you are unsure whether your improvement qualifies, contact the Springdale Building Department at 346-5730.

Who will do the work?
Either the homeowner or a qualified contractor may complete the work. An estimate of the work to be performed must be submitted and building permits, if required, must be obtained. Please be aware that the homeowner will not be reimbursed for his/her labor.

How do I apply?
To apply for the Springdale Home Improvement Repair Program complete the enclosed application and income affidavit and submit it along with proof of ownership to the City of Springdale Building Department, 11700 Springfield Pike, Springdale, Ohio 45246. Once the application is received, it will be reviewed and a City representative will inspect the property for the needed repairs. If eligibility requirements are met, you will be mailed an approval letter with further instructions on completing the work.
Note: work covered by the application may not be started until you receive notification that the application has been approved

How am I reimbursed?
When the necessary repairs are completed, all receipts are submitted to the Springdale Building Department. Homeowners will not be reimbursed for their own labor or for labor of any family member. The work will be inspected by the Building Department representative who will certify that the work is completed in an acceptable manner. After the work is certified, the homeowner will be reimbursed or the contractor will be paid.
Note: All work approved for reimbursement under this program must be completed within 3 months of the date of the approval letter.
CITY OF SPRINGDALE
APPLICATION FOR HOME IMPROVEMENT REPAIR PROGRAM

NAME: ________________________________

ADDRESS: ________________________________________

PHONE NO: ____________________ EMAIL: ______________________

Provide description of work to be done:

________________________________________________________________________________________________________

Estimated cost: $ ____________________

___ Include at least three (3) estimates from contractors, if work is to be performed by a contractor. (Estimates are required to be for the same scope of work from each contractor.)

___ Include an itemized list of materials with costs if work is to be performed by the homeowner. (Example: a printed cart list from a local store such as Lowes, HomeDepot, Menards, etc.)

Estimated date of completion: __________________ (NOTE: WORK MUST NOT BEGIN UNTIL LETTER OF APPROVAL IS RECEIVED FROM THE BUILDING DEPARTMENT).

Applicant Signature: ____________________________ Date: ________________

This application and the following information/documents must be submitted to:
City of Springdale Building Department
11700 Springfield Pike, Springdale, OH 45246

1. The attached Income Verification Application including:
   a. Copy of the most recent Federal income tax return for ALL those living in the household (must be less than 12 months old)
   b. Supporting documentation for ALL income sources.
   c. Initialed and signed Eligibility Release form.
   d. Completed and signed 4506-T Request for Transcript of Tax Return

2. Copy of deed to the home or other proof of ownership.

3. Written estimate from at least three (3) contractors if a contractor is performing the work

4. A list of materials and item costs if the homeowner is performing the work.

You must receive a letter of approval and have a pre-work inspection from the Building Department before beginning the work.

ANY QUESTIONS, PLEASE CALL THE CITY OF SPRINGDALE BUILDING DEPARTMENT AT 513-346-5730

6/12/2020
**HAMilton County Community Development Block Grant (CDBG)**

**Income Verification Application**

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION. **DO NOT** LEAVE ANY SPACES BLANK.

**PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Applicant:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Last Name / First Name / M.I.</td>
<td>Date of Birth</td>
<td>Marital Status (circle)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>Single Married Divorced</td>
<td></td>
</tr>
<tr>
<td>Address (City / State / Zip)</td>
<td>Daytime Phone #</td>
<td>Social Security #</td>
<td></td>
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</tbody>
</table>

Are you a U.S. citizen? (YES / NO) If NO, provide documentation of legal residence with application.

<table>
<thead>
<tr>
<th>Spouse/Co-Applicant</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Last Name / First Name / M.I.</td>
<td>Date of Birth</td>
<td>Marital Status (circle)</td>
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</tr>
</tbody>
</table>

Are you a U.S. citizen? (YES / NO) If NO, provide documentation of legal residence with application.

**Race** (you may circle more than one race):
1. White  
2. Black / African-American  
3. American Indian / Alaska Native  
4. Asian  
5. Hawaiian Native / Pacific Islander  
6. Other: ________________________

**Ethnicity** (circle one):
1. Hispanic or Latino  
2. Non-Hispanic or Latino

Other Household Members - List requested information for all other members of household. Attach separate sheet if necessary.

<table>
<thead>
<tr>
<th>Last Name / First Name / M.I.</th>
<th>Relationship to Applicant(s)</th>
<th>Date of Birth</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**PART B: HOUSEHOLD INCOME**

DOES ANY HOUSEHOLD MEMBER: (circle YES or NO and fill in applicable information)

1. Work full-time, part-time, seasonally, or on call – including wages, fees, tips, bonuses, money for services? (YES / NO) If yes, provide:

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Employer Name &amp; Full Address</th>
<th>Fax #</th>
<th>Start Date</th>
<th>Position Held</th>
<th>Gross Earnings (circle interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$ w/kly/bi-w/kly/mnthly/yrlly</td>
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<td>$ w/kly/bi-w/kly/mnthly/yrlly</td>
</tr>
</tbody>
</table>

6/12/2020
2. Work for someone who pays cash? (YES / NO) If yes, provide:

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Employer Name &amp; Full Address</th>
<th>Fax #</th>
<th>Start Date</th>
<th>Position Held</th>
<th>Gross Earnings (circle interval)</th>
</tr>
</thead>
</table>

3. Receive unemployment benefits, workers compensation, or severance pay? (YES / NO) If yes, provide:

   Household Member Name: 
   Type of Benefit: 
   Amount: 
   How often received?: 

4. Receive alimony? (YES / NO) If yes, provide:

   Household Member Name: 
   Amount: 
   How often?: 
   Former Spouse Name: 

5. Receive Social Security or SSI benefits? (YES / NO) If yes, provide:

   Household Member Name: 
   Taxable Monthly Amount: 
   Household Member Name: 
   Taxable Monthly Amount: 

6. Receive taxable income from IRA distributions, pensions or annuity payments? (YES / NO) If yes, provide:

   Household Member Name: 
   Amount: 
   Type of Retirement/Pension/Annuity: 
   Claim #: 

7. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, and income from stocks or bonds? (YES / NO) If yes, provide:

   Household Member Name: 
   Type of Asset: 
   Amount of Income/Interests Received: 

<table>
<thead>
<tr>
<th>Acct. in Name Of:</th>
<th>Name, Address &amp; Phone # of Financial Institution</th>
<th>Type of instrument (checking, savings, C.D., stock etc.)</th>
<th>Balance / Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8. Receive income from rental real estate, royalties, partnerships, S corporations, trusts, etc.? (YES / NO) If yes, provide:

   Household Member Name: 
   Source of Income: 
   Amount of Income Received: 

9. Own a business or self-employed? (YES / NO) If yes, provide:

   Household Member Name: 
   Business Name: 
   Business Address: 
   Amount of Income: 
   Amount of Business Expenses: 

10. Receive any type of military pay/allotment? (YES / NO) If yes, provide:

    Household Member Name: 
    Source of Pay/Allotment: 
    Amount: 

11. Other income received in household? (e.g. lottery/raffle winnings, prizes, awards, gambling, etc.) (YES / NO) If yes, list income: 

   

6/12/2020
PART C: HOUSEHOLD INCOME DEDUCTIONS

The following items may be deducted from the household’s gross annual income calculation. Please fill out the table below if you or any household member claims any of the following deductions:

<table>
<thead>
<tr>
<th>Income Deductions</th>
<th>Household Member Name(s)</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health savings account deduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Moving Expenses</td>
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<tr>
<td>3. Deductible part of self-employment tax</td>
<td></td>
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<tr>
<td>4. Self-employed SEP, SIMPLE, and qualified plans</td>
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<tr>
<td>5. Self-employed health insurance deduction</td>
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<tr>
<td>6. Penalty on early withdrawal of savings</td>
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<tr>
<td>7. Alimony Paid</td>
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<tr>
<td>8. IRA deduction</td>
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<td></td>
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<tr>
<td>9. Student Loan Interest deduction</td>
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</tr>
</tbody>
</table>

PART D: HOUSEHOLD ADJUSTED GROSS INCOME

1. Number of persons in Household: ________________

2. Number of persons in Household earning income: ________________

3. Total of all income listed in Part B, questions 1 – 11: ________________

4. Total of all income deductions listed in Part C, items 1 – 9: ________________

5. Subtract line 4 from line 3. This is your Household’s Adjusted Gross Income: ________________

PART E: APPLICANT CERTIFICATION

I/We certify that the information given to Hamilton County Community Development on this application is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and grounds for denial of housing assistance.

Applicant Signature: ___________________________ Date: ____________

Co-Applicant / Spouse Signature: ___________________________ Date: ____________

APPLICATION SUBMISSION CHECKLIST

Failure to enclose all necessary documentation will cause delays in the processing of your application.

- Signed and dated application
- Supporting documentation for ALL income sources
- Copy of submitted Federal Income Tax Return for all household members required to file (must be less than 12 months old)
- Properly initialed and signed Eligibility Release form
- Properly completed and signed 4506-T Form – Request for Transcript of Tax Return
Community Development Block Grant Program (CDBG) Eligibility Release Form

Hamilton County Community Development
138 East Court Street, Room 1002
Cincinnati, OH 45202
513-946-8234

PURPOSE: Your signature on this Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Community Development Block Grant Program.

PRIVACY ACT NOTICE STATEMENT: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a CDBG Program and the amount of assistance necessary using CDBG funds. This information will be used to establish level of benefit on the CDBG Program, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INSTRUCTIONS: Each adult member of the household must sign a CDBG Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, “REQUEST FOR COPY OF TAX FORM” must be prepared and signed separately.

INFORMATION COVERED: Inquiries may be made about items initialed by applicant.

<table>
<thead>
<tr>
<th>Item</th>
<th>Verification Required</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (All Sources)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Income Exclusions (All Sources)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Assets (All Sources)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

AUTHORIZATION: I authorize the above-named CDBG Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the CDBG Program. I acknowledge that:

(1) A photocopy of this form is as valid as the original.
(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
(4) All adult household members will sign this form and cooperate with the owner in this process.

HEAD OF HOUSEHOLD: Signature, printed name and date: Household Member #1

OTHER ADULT MEMBER OF HOUSEHOLD: Signature, printed name and date: Household Member #2

OTHER ADULT HOUSEHOLD MEMBER: Signature, printed name and date: Household Member #3

OTHER ADULT HOUSEHOLD MEMBER: Signature, printed name and date: Household Member #4

6/12/2020
7
**Form 4506-T**

**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-T, visit www.irs.gov/form4506t.

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

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

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

| 6 | Transcript requested. Enter the tax form number here (1040, 1045, 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, Form 1045, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. |
| b | Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for each return. 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 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 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. |

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

**Phone number of taxpayer on line 1a or 2a**

<table>
<thead>
<tr>
<th>Signature (see instructions)</th>
<th>Date</th>
</tr>
</thead>
</table>

| Title (if line 1a above is a corporation, partnership, estate, or trust) |
| Spouse's signature |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 9766T7 Form 4506-T (Rev. 3-2019)

6/12/2020
Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506T. Information about recent developments affecting Form 4506-T (such as legislation enacted after the IRS released it) will be posted on that page.

What's New? The transcripts provided by the IRS have been modified to protect taxpayers’ privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer’s Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

Note: A new option—Customer File Number field—is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

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

Purpose of Form 4506-T is to request tax return information. You can also designate (on line 6a) a third party to receive the information. Taxpayers using a tax return preparer in one calendar year and in the following year (fiscal tax year) must file Form 4506-T to request a tax 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.

Tips: Line 4506-T, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request: You can quickly request transcripts using our automated self-help services tool. Visit us at IRS.gov and click on “Get a Tax Transcript...” under “Tools” or call 1-800-908-9846.

Where to file: Mail or fax Form 4506-T to the address below for the state you lived in, or the state you were stationed 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 on the basis of the state you lived in most recently.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

<table>
<thead>
<tr>
<th>State/Location</th>
<th>Address/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Arkansas</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Arizona, California, Colorado,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Connecticut, Delaware, District of Columbia, Florida, Georgia,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Hawaii, Idaho, Illinois, Indiana,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Iowa, Kansas, Kentucky, Louisiana,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>North Carolina, North Dakota, Ohio,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Oregon, South Carolina, South Dakota, Utah, Washington, Wisconsin, Wyoming,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Texas, Washington,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Virginia, West Virginia</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
</tbody>
</table>

Chart for all other transcripts

If you lived in or your business was in:

<table>
<thead>
<tr>
<th>State/Location</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Arizona, Arkansas,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>California, Colorado, Idaho,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Illinois, Indiana, Iowa, Kansas,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Kentucky, Louisiana, Maryland,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
<tr>
<td>Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia,</td>
<td>Internal Revenue Service RAIVS Team Stop 6765 S-2 Kansas City, MO 64499 888-821-0094</td>
</tr>
</tbody>
</table>

Corporations: Generally, Form 4506-T can be signed by:
(1) an officer having legal authority to bind the corporation,
(2) any person designated by the board of directors or other governing body, or
(3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requestor’s right to receive the information.

Partnerships: Generally, Form 4506-T can be signed by anyone who was a member of the partnership during any part of the tax period requested on line 2.

All others: See section 0103(a)(5) 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 16 or 17 years old, a minor child, or incapacitated, 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 name of the principal officer authorizing an employee of the corporation or the individual who authorized that individual to act for an estate.

Signature by a representative: A representative can sign Form 4506-T for a taxpayer only if the representative has specifically delegated the authority to the representative on Form 2848, Rev. 8/99. 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. This is not required to request any transcript; if you do request a transcript, see lines 6b and 6c. If you do not provide the information or does not provide the information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine use of this information includes giving it to the Department of Justice for civil and criminal litigation, and to 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 income tax laws, to federal tax administers and enforcement 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 is available, as required by section 1033.

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 and 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-6262 Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.