



CONSUMER LOAN CREDIT APPLICATION

App ID# _____	Promo Code _____
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Type of Account Requested	IMPORTANT: Read these directions before completing this application.					
	<input type="checkbox"/> INDIVIDUAL ACCOUNT - If you are applying for an account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all sections except the co-applicant sections.					
	<input type="checkbox"/> JOINT ACCOUNT - If you are applying for an account that you and another person will use, complete all Sections, providing information about the joint applicant or user in the co-applicant sections.					
We intend to apply for joint credit. <table style="width: 100%; margin-left: 150px;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Applicant-initials</td> <td style="text-align: center; font-size: small;">Co-Applicant-initials</td> </tr> </table>					Applicant-initials	Co-Applicant-initials
Applicant-initials	Co-Applicant-initials					
<input type="checkbox"/> INDIVIDUAL ACCOUNT - If you are applying for an account, but are relying on income from alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony support or maintenance payments or income or assets you are relying, in the co-applicant sections.						

Loan Request	Amount Requested \$ _____	Term _____				
	Type of loan: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Home Equity Loan</td> <td style="width: 50%;"><input type="checkbox"/> Secured Other (CD, Stock)</td> </tr> <tr> <td><input type="checkbox"/> Home Equity Line of Credit</td> <td><input type="checkbox"/> Unsecured Loan</td> </tr> </table>		<input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> Secured Other (CD, Stock)	<input type="checkbox"/> Home Equity Line of Credit	<input type="checkbox"/> Unsecured Loan
	<input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> Secured Other (CD, Stock)				
<input type="checkbox"/> Home Equity Line of Credit	<input type="checkbox"/> Unsecured Loan					
Purpose of loan: What are you going to do with the money? For example - Home Improvements, buy a car, etc. If you are applying for a Home Equity Loan or Home Equity Line of Credit, the proceeds of the loan will be used for: (Check all that apply) <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">1. <input type="checkbox"/> Home Improvements</td> <td style="width: 50%;">3. <input type="checkbox"/> Refinance of an existing 1st or 2nd mortgage</td> </tr> <tr> <td>2. <input type="checkbox"/> Home Purchase</td> <td>4. <input type="checkbox"/> Other _____</td> </tr> </table> <p>Will the proceeds of this loan, in whole, or in part, be used to pay for post secondary educational expenses? (This box must be completed) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Home Equity Loan Only Payment Options: <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly</p> <p>Home Equity Line of Credit Repayment Option: <input type="checkbox"/> Interest Only (first 10 years) <input type="checkbox"/> Principal & Interest</p>		1. <input type="checkbox"/> Home Improvements	3. <input type="checkbox"/> Refinance of an existing 1st or 2nd mortgage	2. <input type="checkbox"/> Home Purchase	4. <input type="checkbox"/> Other _____	
1. <input type="checkbox"/> Home Improvements	3. <input type="checkbox"/> Refinance of an existing 1st or 2nd mortgage					
2. <input type="checkbox"/> Home Purchase	4. <input type="checkbox"/> Other _____					

Applicant	Last Name	First Name	Middle Init.	Date of Birth	Number of dependents (Include Self):			
	Present Address (if P.O. Box <u>must</u> include street address)		City	County	State	Zip Code	How Long	<input type="checkbox"/> Own Payment
	Previous Address (Complete if at present address less than 2 years)		City	County	State	Zip Code	How Long	<input type="checkbox"/> Own Payment
	Social Security No.		Driver's License No.		State	Home/Cell Phone Number		
	Name, Address & Phone of Close Relative or Friend not living with you					Telephone Number of Reference		
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No: Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:		

Co-Applicant	Last Name	First Name	Middle Init.	Date of Birth	Relationship to Applicant			
	Present Address (if P.O. Box <u>must</u> include street address)		City	County	State	Zip Code	How Long	<input type="checkbox"/> Own Payment
	Social Security No.		Driver's License No.		State	Home/Cell Phone Number		
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No: Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email:		

Employment Applicant	Name of Employer	Occupation	Position	Years Employed	Business Phone	
	Address of Employer	City	County	State	Zip Code	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Address of Previous Employer <i>(Complete if at current employer less than 2 years)</i>					Years Employed

Employment Co-Applicant	Name of Employer	Occupation	Position	Years Employed	Business Phone	
	Address of Employer	City	County	State	Zip Code	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Address of Previous Employer <i>(Complete if at current employer less than 2 years)</i>					Years Employed

Income	PLEASE INDICATE ALL INCOME FIGURES AS MONTHLY AMOUNTS.					
		Gross Monthly Salary	Soc. Sec./Pension/Disability (indicate source)	Rental Income	Other Income (indicate source)	Total Monthly Income
	Applicant	\$	\$	\$	\$	\$
	Co-Applicant	\$	\$	\$	\$	\$
<p>Note: Alimony, child support and separate maintenance payments need not be revealed unless you wish to rely on such income in applying for credit. If you are relying on alimony, child support or separate payments as a basis for the repayment of the credit you are applying for, be sure to complete the "Other Income" and "Co-applicant" sections.</p>						

Debts	List loans and installment debts, include bank, auto and finance company loans and credit/charge card accounts. Also list alimony, child support and separate maintenance payments. Indicate whether debt is in name of: A = Applicant, C = Co-Applicant, AC = Joint (Applicant & Co-Applicant), List Real Estate Debt in "Real Estate" section.						
	Type of Debt	Whose Debt?	To Whom Indebted	Account Number	Mo. Pay't.	Present Balance	Accounts to Pay-Off
If additional space is required check here <input type="checkbox"/>							
Have you or joint applicant ever transacted any business in any other name, had any judgements, bankruptcies, attachments, garnishments or other legal proceedings against you? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, attach additional sheet stating name or names and full details, pertaining to each name.	
Are you or co-applicant a co-maker, endorser or guarantor on any loan or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, to whom? _____	

Banking/ Assets	List present bank accounts. Indicate whether account is in name of: A = Applicant, C = Co-Applicant, AC - Joint (Applicant & Co-Applicant).				
	Your Bank(s)/Asset(s)	Whose account?	Type of Account	Account Number	Balance

COLLATERAL

Other	Description of collateral (CD, Stock)

Real Estate	Address of Property Securing Loan		Other Properties Owned		
			<input type="checkbox"/> Investment <input type="checkbox"/> 2 nd Home		
	Name(s) of Owners of Property		Street		
			City, State, Zip		
	Is the property in the name of a Trust? (cannot be irrevocable)		Value		
	<input type="checkbox"/> Yes <input type="checkbox"/> No Is there life use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mortgage Balance		
	Property Description (Check all that apply)		Monthly P+I Pmt		
	<input type="checkbox"/> Single Family <input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Family <input type="checkbox"/> 4 Family	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Condominium	Annual Taxes	Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Vacation/2nd Home	<input type="checkbox"/> Investment	Annual Homeowners Ins.	Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N
				Annual HOA Fees	
	Name of Mortgage Holder		<input type="checkbox"/> Investment <input type="checkbox"/> 2 nd Home		
	Original Mortgage Amount		Street		
	Current Mortgage Balance		City, State, Zip		
Current Value		Value			
Monthly Payment (Principal & Interest Only)		Mortgage Balance			
		Monthly P+I Pmt			
Annual Taxes		Annual Taxes	Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N		
		Incl. in mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Homeowners Ins.	Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N	
Annual Homeowners Ins.		Incl. in mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual HOA Fees		
Annual HOA Fees		For additional properties owned, attach separate sheet with all requested information.			

Marital Status	Complete this section ONLY if this is a joint application or if the loan will be secured by real estate.				
	Applicant:	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Union Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes single, divorced, and widowed)
	Co-Applicant:	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Union Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes single, divorced, and widowed)

Customer ID	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT				
	To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identify documents.				

Signatures	You authorize anyone mentioned herein to furnish us such information as we may require in connection with this application and agree that the application shall remain our property whether or not the loan is granted. You agree to notify us immediately upon any material change in the above statement.			
	You affirm that each of the answers given to the foregoing questions is true and correct and that the foregoing is a true and correct statement of your financial condition. It is a crime to intentionally falsify information on this application or to willfully overvalue any property for the purpose of influencing the bank to act on this application.			
	You authorize Lakeland Bank to check your credit, business and employment history and to report information regarding your credit history to credit reporting agencies and other persons we believe have a legitimate business reason to request such information.			
	IF YOU ARE APPLYING FOR A HOME EQUITY LINE OF CREDIT, YOU ACKNOWLEDGE RECEIPT OF THE BROCHURE ENTITLED "IMPORTANT TERMS OF OUR HOME EQUITY LINE OF CREDIT".			
	_____ Signature of Applicant	_____ Date	_____ Signature of Co-Applicant	_____ Date

Mortgage Loan Originator's Company	Mortgage Loan Originator's Information		FOR BRANCH USE ONLY	
Lakeland Bank (530634) 250 Oak Ridge Road Oak Ridge, NJ 07438	Signature		Resp Code	
	Print Name		Branch	
	NMLS#		Received Date	
	Phone#			



Lakeland Bank

HOME EQUITY LOAN APPLICATION CHECKLIST

Applicant(s) Last Name(s) _____

Confirm the following items are included:

- HOME EQUITY LOAN APPLICATION** including the following information:
- Requested Amount
 - Borrowers Name(s)
 - Social Security Number(s)
 - Total Monthly Income
 - Property Address (Collateral)
 - Estimated Property Value (Collateral)

DEMOGRAPHIC INFORMATION ADDENDUM

4506-C FORM

How did you hear about this loan?

- Television
- Internet
- Banner Ads
- Social Media
- Mail
- Phone call
- Radio
- Personal referral
- Existing customer
- Other _____

DEMOGRAPHIC INFORMATION ADDENDUM

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Applicant Name: _____
(do not complete if a business entity)

Co-Applicant Name: _____
(do not complete if a business entity)

Ethnicity: - Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *Print origin:*

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
- I do not wish to provide this information

Ethnicity: - Check one or more

- Hispanic or Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *Print origin:*

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
- I do not wish to provide this information

Race: - Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:*

- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian – *Print race:*

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander – *Print race:*

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information

Sex:

- Male
- Female
- I do not wish to provide this information

Race: - Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:*

- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian – *Print race:*

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander – *Print race:*

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information

Sex:

- Male
- Female
- I do not wish to provide this information

To Be Completed by Financial Institution:

The Information was provided through: Face-to-Face Interview (Applicant Seen Co-Applicant Seen) Telephone Fax/Mail/Drive-up window Email/ Internet

For applications taken in person:

	Applicant	Co-Applicant
		<small>If no Co-Applicant leave blank</small>
Was the ethnicity of the Applicant/Co-Applicant collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the race of the Applicant/Co-Applicant collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the sex of the Applicant/Co-Applicant collected on the basis of visual observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employee Completing Form (Please Print): _____ **Application #** _____

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

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

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

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

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
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