



# CONSUMER LOAN CREDIT APPLICATION

App ID# _____	Promo Code _____
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<b>Type of Account Requested</b>	<b>IMPORTANT:</b> Read these directions before completing this application.	
	<input type="checkbox"/>	<b>INDIVIDUAL ACCOUNT</b> - 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"/>	<b>JOINT ACCOUNT</b> - 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.	
	Applicant-initials _____	Co-Applicant-initials _____
	<input type="checkbox"/> <b>INDIVIDUAL ACCOUNT</b> - 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.	

<b>Loan Request</b>	<b>Amount Requested \$</b> _____	<b>Term</b> _____
	<b>Type of loan:</b> ___ Unsecured loan                      ___ Auto loan                      ___ Home Equity loan ___ Home Equity Line of Credit                      ___ Secured other                      ___ RV, Boat or Motorcycle	
	<b>Purpose of loan:</b> What are you going to do with the money? For example - Home Improvements, buy a car, etc. <span style="float: right;"><b>(This box must be completed)</b></span> Will the proceeds of this loan, in whole, or in part, be used to pay for post secondary educational expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Purpose _____	
	<b>Home Equity loan:</b> If you are applying for a Home Equity Loan, the proceeds of the loan will be used for: (Check all that apply) 1. ___ Home Improvements                      3. ___ Refinance of an existing 1st or 2nd mortgage 2. ___ Home Purchase                              4. ___ Other _____	
	<b>If item 1, 2 or 3 above is checked, please complete the separate information for Government Monitoring Purpose Form.</b> <span style="float: right;"><b>Payment Options:</b>  <input type="checkbox"/> Monthly    <input type="checkbox"/> Biweekly       </span>	

<b>Applicant</b>	Last Name		First Name		Middle Init.	Date of Birth <small>Month / Day / Year</small>		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 <input type="checkbox"/> Rent
	Previous Address			City	County	State	Zip Code	How Long	<input type="checkbox"/> Own    Payment <input type="checkbox"/> Rent
	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: _____			

<b>Co-Applicant</b>	Last Name		First Name		Middle Init.	Date of Birth <small>Month / Day / Year</small>		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 <input type="checkbox"/> Rent
	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: _____			

<b>Employment Applicant</b>	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			Years Employed	Business Phone	

<b>Employment Co-Applicant</b>	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			Years Employed	Business Phone	

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
<b>Income Applicant</b>	\$	\$	\$	\$	\$
<b>Income Co-Applicant</b>	\$	\$	\$	\$	\$

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.

<b>Debts</b>	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  and attach additional sheet.

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?  Yes  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?  Yes  No If yes, to whom? \_\_\_\_\_

<b>Banking/ Assets</b>	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

<b>Auto</b>	Year	Make	Model	# of Cylinders	Mileage	4 Wheel Drive Yes or No	VIN

<b>Other</b>	Description of other collateral

<b>Real Estate</b>	Address of Property Securing Loan		<b>Other Properties Owned</b>				
	Name(s) of Owners of Property		Street				
			City, State, Zip				
			Value				
			Mortgage Balance				
			Monthly P+I Pmt				
	Property Description (Check all that apply)		<input type="checkbox"/> Single 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"/> 2 - 4 Family	<input type="checkbox"/> Vacation/2nd Home	<input type="checkbox"/> Townhouse	Annual Homeowners Ins.	Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> 5 + Family	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Co-Op	Annual Condo Fees	
	Name of Mortgage Holder		Street				
	Original Mortgage Amount		City, State, Zip				
	Current Mortgage Balance		Value				
	Current Value		Mortgage Balance				
		Monthly P+I Pmt					
Monthly Payment (Principal & Interest Only)		Annual Taxes		Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N			
		Annual Homeowners Ins.		Incl. in payment? <input type="checkbox"/> Y <input type="checkbox"/> N			
Annual Taxes		Incl. in mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Condo Fees			
Annual Homeowners Ins.		Incl. in mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Annual Condo Fees		For additional properties owned, attach separate sheet with all requested information.					

<b>Marital Status</b>	<b>Complete this section ONLY if this is a joint application or if the loan will be secured by real estate.</b>					
	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)	

<b>Customer ID</b>	<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</b>					
	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.					

<b>Signatures</b>	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 federal criminal offense to knowingly make any false statement or report, 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	
<b>Lakeland Bank (530634)</b> 250 Oak Ridge Road Oak Ridge, NJ 07438	Name		Resp Code	
	NMLS#		Branch	
	Phone#		Received Date	

**For Home Equity Loan Applicants Only**  
 (Where the purpose of the loan is for home improvement or the refinance of a 1<sup>st</sup> or 2<sup>nd</sup> mortgage)

*Please complete and return this form with your application.*

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

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

<b>APPLICANT</b>	<b>CO-APPLICANT</b>
<input type="checkbox"/> I do not wish to furnish this information <hr style="width: 50%; margin: 5px auto;"/>	<input type="checkbox"/> I do not wish to furnish this information <hr style="width: 50%; margin: 5px auto;"/>
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
Print Name Print Name

\_\_\_\_\_  
Signature Signature

**Bank Use Only:**      Application # \_\_\_\_\_

**Interviewer's Name:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print FULL Name

This application was taken by:    Face-to-Face Interview    Mail/Fax    Internet    Telephone

**In the Face-to-Face Interview:**

Applicant:    Seen    Not Seen   Co-Applicant:    Seen    Not Seen



## HOME EQUITY LOAN APPLICATION CHECKLIST

### MINIMUM REQUIREMENTS FOR APPLICATION SUBMISSION

- \_\_\_\_\_ Amount Requested (Must be a specific dollar amount)
- \_\_\_\_\_ Borrowers Name (s)
- \_\_\_\_\_ Social Security Number (s)
- \_\_\_\_\_ Total Monthly Income
- \_\_\_\_\_ Property Address (Collateral)
- \_\_\_\_\_ Estimated Property Value (Collateral)

### ADDITIONAL REQUIREMENTS

**If Loan Purpose is for Home Improvement, Home Purchase or Refinance of a Home Loan:**

- \_\_\_\_\_ Government Monitoring Information form

**For all Home Equity Loan Applications:**

- \_\_\_\_\_ 4506-T form

### APPLICATION CAN BE SUBMITTED BY:

E-Mail to [ConsumerLending@LakelandBank.com](mailto:ConsumerLending@LakelandBank.com)

Fax to 973-697-1846

Visiting a local Lakeland Bank branch

Mailing to: Lakeland Bank, Consumer Loans, 250 Oak Ridge Road, Oak Ridge, NJ 07438

## Request for Transcript of Tax Return

OMB No. 1545-1872

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

▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://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](http://IRS.gov) and click on "Get Transcript of Your Tax Records" 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

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

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_

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

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

	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

**Sign Here**

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

## Future Developments

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

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

## Chart for all other transcripts

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

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

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

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

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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

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

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

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

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.