Incorporated Village of Malverne 99 Church Street, Malverne, NY 11565 (516) 599-1200

September, 2023

Enclosed is a form for you to fill out to apply for a partial tax exemption for Real Property of Aged Persons for the tax year 2024/2025. To qualify for the exemption your 2022 total household income must be less than \$28,899. A copy of the Local Law listing exempt amounts for various income levels is enclosed for your information. Completed applications must be returned to the Assessor NO LATER THAN JANUARY 2, 2024.

In order to be considered for the exemption you must provide the following documents:

• <u>First Time Applicants:</u> must submit proof of age (birth certificate, baptismal certificate or passport) and a photocopy of your deed, along with the required proofs of income for the year 2022 listed below.

Those who are re-applying for the exemption must provide:

- A copy of all pages of your 2022 signed and dated Federal Income Tax Return.
- Copies of all 1099's for the year 2022 (Social Security, wages, salary, interest, dividends, IRA distributions, pensions, annuities, lottery/gambling winnings, etc.)
- If you did <u>not</u> file a Federal or State Income Tax Return, you must provide a print-out from the Internal Revenue Service of all 1099's (See Enclosed IRS Information Sheet).
- If applicable, a letter stating amount received per month from a tenant, and or any relative who resides with you.

Any application that is not completed, signed, or is missing the required proofs of income and supporting documents will not be processed.

If you have any questions or require assistance, please contact me at the number listed below during regular business hours.

Sincerely, Joanne Wischerth Assessor (516) 599-1200 x108

INCORPORATED VILLAGE OF MALVERNE APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED PERSONS

 Property Owner(s): 			
Name	Date of Birth	Social Security #	
Name	Date of Birth	Social Security #	
		Telephone	
Address	-		
3. Property Identification:	Section	Block	Lot(s)
4. Indicate documents submitt	ed as proof of age of o	wner(s) (please check)	
Birth Certificate	Curr	ent Passport	
Baptismal Certifica	tePro	oof filed with prior year's applicat	ion
5. Date applicant(s) acquired	ownership of property:		
Copy of Deed submitted: I If any owners on the deed attached.	iber Pa are deceased, a copy	ge: of the death certificate must be	-
7. Do all of the property owne If answer to #7 is No, pleas	rs presently reside on se explain:	the premises?Yes	No
8. Is any portion of the propert Yes If answer to question #8 is	_No	esidential purposes?	
9. Do you own other property, primary residence? If the Answer to #9 is Yes, p	Yes	No	
Address of Property:		Commercial /	Residential
10. List all adults and children Name	Age Rent	/Contribution to Household per n	nonth.
			

10. Income of each owner and spouse must be written below. Income of husband and wife must be declared individually. Applicants must check all appropriate sources of income as listed below for the calendar year preceding the date of the application, and enter amounts. Attach additional sheets if necessary.

Total of Sources of Income:	Owner:	Owner:
Social Security	Amount	Amount
Salary/Wages	Amount	
Interest from Savings/Checking		
Bank:	Amount	Amount
Non-Taxable Interest	Amount	Amount
On State and Local	Amount	Amount
Bonds	Amount	Amount
Domas	Amount	Amount
Dividends from Stocks/	Amount	Amount
Bonds, etc.	Amount	Amount
Bonde, etc.	Amount	
	Amount	Amount
	Amount	Amount
Annuity Payments/	Amount	Amount
IRA Distributions	Amount	Amount
W W D I G C I D G C C C C C C C C C C C C C C C C C C	Amount	Amount
	Amount	Amount
	Amount	
Net Rents from all	Amount	Amount
properties owned	Amount	Amount
proportion of the same of	Amount	Amount
Payments made by Children	Amount	Amount
Residing with you	Amount	Amount
Gains from Sales/	Amount	
Exchanges	Amount	
Business/Professional	Amount	
Income	Amount	
Income from Estates/	Amount	Amount
Trusts	Amount	Amount
Pensions: private,	Amount	Amount
Government, Veterans	Amount	Amount
Alimony/Support Monies	Amount	Amount
Disability Payments	Amount	
Unemployment Insurance	Amount	Amount
Workmen's Compensation	Amount	Amount
Other Income	Amount	
TOTAL INCOME OF OWNER	(S): AMOUNT:	

1. Did owner(s) file a Federal Income Tax Return for the preceding year?Yes _ No
f the answer to #11 is Yes, attach a complete copy of such return or returns.
Copies of Federal Income Tax Returns must be attached to this application if you were required to file a return. In addition, copies of proof of income such as Social Security Statement (SSA 1099), Pension Statements (W2P), Bank Statements (1099), etc. must be attached to this application.
If you were not required to file an income tax return, you must attach a printout from the IRS listing all 1099's. This is the only proof of non-filing that will be accepted.
12. The monies listed below DO NOT count as income and therefore would not exclude the applicant(s) from the exemption. Source and Amount of inheritance, if any:
Source and amount of gifts received during the preceding calendar year:
I/We certify that all statements made on this application are true and correct to the best of My/Our belief and I/We understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100. SIGNATURE (If more than one owner, all owners must sign)
D (
Date
Date

Proof of Power of Attorney must be furnished if signed by other than the owner(s).

COMPLETED APPLICATIONS MUST BE FILED WITH THE VILLAGE OF MALVERNE ON OR BEFORE DECEMBER 31st.

Local Law Filing

(Use this form to file a local law with the Secretary of State.)

	☐City	∐Town	⊠Village		
(Select one:)	11.60	-F.Molyorn			
of Incorpora	ed Village) Of Marvern			
Local Law	No. 2			of the year 20 ¹⁴	
LOGAI LAW	·		Code Ch 41 er	titled "Taxation" Article II "I	Partial Exemption from
A local law	amending				t l aw #2.2004 persuant
					ocal Law #2-2004 persuant
	to the Re	al Property	Tax Law 467 to	ncrease the maximum inco	ome allowable under the
				eal Property Tax Exemption	
Be it enact	ad hy the	Board of T	rustees		of the
Be it ellact	su by un	(Name of Legi	islalive Body)		
			F-35 2/11		
☐County	∐City	Town	⊠Village		
(Select one:) of Incorpora	ated Villag	e of Malven	ne		as follows:
<u> </u>					
Chapter 41 TAXA	TION	ON EDOM	DEAL PROPER	TY TAXES	
	EXEMPT.	GRANTED	ILAL I NOI E.		
Chapter 41 TAXA Article II PARTIAL	MOTION		FMohrorno		rticle II. Section 41-10 pulbua
Section 41-16 EXI The exemption fro	EMPTION m taxation	n by the VIIIa Senior Citiz	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
Section 41-16 EXI The exemption fro he Law of 2004 encomes with more	EMPTION m taxation xtends the than \$20	n by the VIIIa Senior Citiz	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
tection 41-16 EXING The exemption from the Law of 2004 encomes with more	EMPTION m taxatior xtends the than \$20 0 50%	n by the Villa Senior Citia 5,500 and lea	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
Section 41-16 EXING The exemption from the Law of 2004 endomes with more than \$20,50 \$20,500 but less	EMPTION m taxation xtends the than \$20 50% than \$21,4 than \$22,4	n by the Villa Senior Cition, 500 and lea 199 45% 199 40%	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
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ection 41-16 EXI he exemption from Law of 2004 encomes with more less than \$20,50 \$20,500 but less \$21,500 but less \$22,500 but less \$23,500 but less \$24,400 but less	EMPTION m taxation tends the than \$20 on 50% than \$21,4 than \$23,4 than \$24,3 than \$25,2	1 by the Villa 2 Senior Citis 1,500 and lea 499 45% 499 40% 499 35% 399 30% 299 25%	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
ection 41-16 EXI he exemption from Example 12004 encomes with more less than \$20,50 \$20,500 but less \$21,500 but less \$22,500 but less \$23,500 but less \$24,400 but less	EMPTION m taxation tends then \$20 50% than \$21,4 than \$22,4 than \$24,3 than \$25,2 than \$26,1	1 by the Villa 2 Senior Citis 1,500 and les 499 45% 499 35% 499 35% 299 25% 199 20%	ZC11 2 1 \Cal 1 10P	157 1 201 1 200 1 200 1	duced rate for seniors with
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section 41-16 EXITHE exemption from Law of 2004 encomes with more Less than \$20,50 \$20,500 but less \$21,500 but less \$23,500 but less \$24,400 but less \$25,300 but less \$26,200 but less \$27,100 but less \$27,100 but less \$28,000 but less	EMPTION m taxation attends the than \$20 on 50% than \$21,4 than \$24,3 than \$25,2 than \$26,1 than \$27,5 than \$28,8 than \$28	1 by the Villa 2 Senior Citis 3,500 and les 499 45% 499 40% 499 35% 399 30% 299 25% 199 20% 199 10% 899 5%	ss than \$28,899.	157 1 201 1 200 1 200 1	



NASSAU COUNTY DEPARTMENT OF ASSESSMENT

240 Old Country Road, Mineola, New York 11501 (516) 571-1500

Helpful Information

To obtain a complete printout of your WAGE AND INCOME TRANSCRIPT FOR 2022 (including W-2s, 1099s, 1098s and 5498 Statements), it is recommended that you make an appointment to visit the Internal Revenue Service located at 999 Stewart Avenue in Bethpage. To make an appointment, please call (844) 545-5640.

Transcripts can also be obtained by contacting the **Internal Revenue Service Transcript Order Line** at **1-800-908-9946** or visit the IRS website at <u>www.irs.gov</u> and download Form 4506-T and select Option # 8 on the form to request a free copy of your transcript. Once completed, please mail Form 4506-T to: **Internal Revenue Service, RAIVS Team, Stop 6705 S-2, Kansas City, MO 64999.**

You may fax your transcript to the Department of Assessment at (516) 571-0478 or (516) 571-0479.

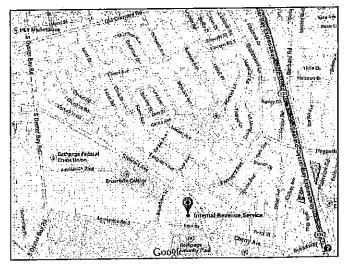
For SOCIAL SECURITY INFORMATION, please call 1-800-772-1213.

Social Security Office 163 Mineola Blvd., 2nd Floor, Mineola, NY 11501

Description of the control of the co

Directions from 240 Old Country Road, Mineola: Old Country Road West to 3rd Avenue North. Right on Station Road.

Internal Revenue Office (BY APPOINTMENT ONLY) 999 Stewart Avenue, Bethpage, NY 11701 Call (844) 545-5640 for your Appointment



Directions from 240 Old Country Road, Mineola: Old Country Road East to S Oyster Bay Road Southbound. Bear left onto Stewart Avenue.

Please MAKE COPIES of any documentation that is required and attach it to your application.

Applications are available on-line at <u>www.mynassauproperty.com</u> or can be obtained by calling (516) 571-1500.

INCOME-BASED EXEMPTIONS DOCUMENTATION

Enhanced STAR (For seniors 65 years old as of December 31, in the year in which the exemption will begin with an annual income under \$98,700); Low Income Senior Citizens and Limited Income Disability Exemptions (\$58,399 or less)

Enhanced STAR

(For homeowners already enrolled in the STAR Program prior to January 2, 2015)

COPY of 2022 NYS Income Tax Return

COPY of proof of residency (Vehicle Registration)

COPY of proof of age (Driver's License/Passport/Birth Certificate)

* NYS Law now requires new STAR applicants to REGISTER with NEW YORK STATE for the Personal Income Tax Credit/Check Program by telephone at (518) 457-2036 or on-line at

https://www8.tax.ny.gov/STRP/strpStart

Low Income Seniors and Limited Income Disability

COPY of latest recorded Deed

COPY of 2022 Federal and NYS
Income Tax Return

COPY of proof of residency (Social Security Form 1099/Vehicle Registration/ NYS Income Tax Return)

COPY of proof of age (Driver's License/Passport/Birth Certificate)

COPIES of all supporting income documentation used to file tax returns (1099's, Social Security, Interest and Dividend Statements, etc.)

PRINTOUTS from Doctors and Pharmacies of Un-Reimbursed Medical Expenses

NON-INCOME BASED EXEMPTIONS DOCUMENTATION

Veterans Exemptions

COPY of Deed

COPY of proof of residency (Driver's License/Vehicle Registration)

COPY of Discharge Papers (DD-214)

Member Copy # 4

Volunteer Firefighter and Ambulance Worker

COPY of Deed

COPY of proof of residency (Driver's License/Vehicle Registration)

Letter from Chief of Department listing years of service

^{*} Only the NYS income Tax Return can be used as an additional document to support proof of residency.

Form 4506-T

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-1872

Internal F	Revenue Service Prof More Information	a di la la la la la la la la Vallago	quickly request transcripts by using
	se Form 4506-T to order a transcript or other return information free of clomated self-help service tools. Please visit us at IRS.gov and click on "Greturn, use Form 4506, Request for Copy of Tax Return. There is a fee	e to get a copy of your return.	
1a i	Name shown on tax return. If a joint return, enter the name shown first.	First social security number on tax required number, or employer identification.	eturn, individual taxpayer identification number (see instructions)
2a	lf a joint return, enter spouse's name shown on tax return.	2b Second social security number identification number if joint ta	or individual taxpayer x return
3	Current name, address (including apt., room, or suite no.), city, state	e, and ZIP code (see instructions)	
4	Previous address shown on the last return filed If different from line	3 (see Instructions)	
5 C	Sustomer file number (if applicable) (see Instructions)		
Note: Page 2	Effective July 2019, the IRS will mail tax transcript requests only to 2 for additional information.		
6	Transcript requested. Enter the tax form number here (1040, 10 number per request. ▶		
а	Return Transcript, which includes most of the line items of a transcript, which includes most of the line items of a transcript made to the account after the return is processed. Transcript made it is processed in the processed made it is processed in the processed made it is processed. Transcript made it is processed made it	L, and Form 1120S. Return transcripts requests will be processed within 10 bu	are available for the current year siness days
b	Account Transcript, which contains information on the financial assessments, and adjustments made by you or the IRS after the many actionated tax payments. Account transcripts are available for n	status of the account, such as payment eturn was filed. Return information is Ilrr nost returns. Most requests will be proce	is made on the account, penalty lited to items such as tax liability ssed within 10 business days .
c	Record of Account, which provides the most detailed informa Transcript. Available for current year and 3 prior tax years. Most n	editoria Mili po biocopera minimi	•
7	Verification of Nonfiling, which is proof from the IRS that you d after June 15th. There are no availability restrictions on prior year		
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 s these information returns. State or local information is not include transcript information for up to 10 years. Information for the current example, W-2 information for 2016, filed in 2017, will likely not be a purposes, you should contact the Social Security Administration at 1	year is generally not available until the ye vailable from the IRS until 2018. If you no _ROD_779-1213. Most requests will be pro	ar after it is filed with the IRS. For ed W-2 information for retirement cessed within 10 business days .
Cautio with y	on: If you need a copy of Form W-2 or Form 1099, you should first o	contact the payer. To get a copy of the f urn, which includes all attachments.	-0] W-2, 0 0 1000 0
9	Year or period requested. Enter the ending date of the year or years or periods, you must attach another Form 4506-T. For reeach quarter or tax period separately.		s, such as Form 941, you must enter
Cautle	on: Do not sign this form unless all applicable lines have been comp	oleted.	and to obtain the tay
Signa Inform sharel certify	ture of taxpayer(s). I declare that I am either the taxpayer whos lation requested. If the request applies to a joint return, at least holder, partner, managing member, guardian, tax matters partner, that I have the authority to execute Form 4506-T on behalf of the	e name is shown on line 1a or 2a, or one spouse must sign. If signed by a , executor, receiver, administrator, trust e taxpayer. Note: This form must be re	ee, or party other than the taxpayer, I eceived by IRS within 120 days of the
c:	ure date. gnatory attests that he/she has read the attestation clause and upons the authority to sign the Form 4506-T. See instructions.	on so reading declares that hersite	Phone number of taxpayer on line 1a or 2a
٥.	Signature (see instructions)	Date	
Sign Here			
	Spouse's signature	Date	

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

Future Developments

For the latest information about Form 4508-T and its instructions, go to www.irs.gov/form4508t, information about any recent developments affecting Form 4508-T (such as legislation enacted after we released it) will be posted on that

What's New, As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mallings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript melled to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

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

Purpose of form, Use Form 4506-T to request lax return information. Taxpayers using a tax year baginning 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.

Customer File Number. 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 weges and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file, Mall 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 charls: 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:

Mall or fax to:

Alabame, Kentucky, Louislana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Marlana 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

855-587-9604

Alaska, Arizona, Arkansas, Califomia, Colorado, Hawali, Idaho, Illinols, Indiana, Iowa, Kansas, Michigan, Mimesota, Montana, Nebraske, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washinglon, Wisconsin, Wyoming Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

855-800-8105

Connecticul, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohlo, Pennsylvania, Rhode Island, South Carolina, Vermont,

Virginia West Virginia

Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was

Mall or fax to:

Alabama, Alaska, Arizona, Arkensas, Callfornia, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louislana, Meryland, Michigan, Minnesota, Mississipol. Missourl, Montana. Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota Tennessee Texas. Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands,

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

855-298-1145

A.P.O. or F.P.O. address

Maine, Massachusetts, New
Hampshire, New York,
Pennsylvania, Vermont

Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

855-821-0094

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 to 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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business,

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

Note, If you use an SSN, name or combination of both, we will not input the information and the custoruer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request. Signature and date. Form 4506-T must be signed and dated by the taxpeyer listed on line 1 ac 72. 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.



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 and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-7 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. A bona fide shareholder of record owning 1 percent or more of the outstending stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be algued 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. Note: 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.

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 renarcipt, 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 releting 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 Copyling, 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 4508-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.