



INSTRUCTIONS FOR COMPLETING 4506-C

Full name as spelled on most recent filed returns (1040 or W2/1099)

Note: If the spouse files a separate return for any of the years listed, they need to be on a separate 4506 C for those years, and ordered separately.

Address must match most recent tax return

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

Keep this info the same

GMFS Address and Phone Number

In section 6 only 1040, 1065 or 1120 can be listed when ordering those products. W2 cannot be listed in section 6.

If you want all wage and income on file, leave section 7 blank and IRS will return all wage and income on file.

Enter only the year/years that are being requested

Check attestation box

If electronically signed must check box
Phone number required

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return				OMB Number 1545-1872		
<p>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.</p>								
1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)					
i. First name Jane	ii. Middle initial A	iii. Last Name Doe	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name			
1b. First taxpayer identification number (see instructions) 123-45-6789			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.) 123 Sunny Ln			b. City Baton Rouge	c. State LA	d. ZIP code 70809			
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 TaxReturnVerifications.com			ii. IVES participant ID number 301300		iii. SOR mailbox ID ORDER4506			
iv. Street address (including apt., room, or suite no.) 327 Caldwell Dr #100			v. City Goodlettsville		vi. State TN		vii. ZIP code 37072	
5b. Customer file number (if applicable) (see instructions) LEAVE BLANK			5c. Unique identifier (if applicable) (see instructions) LEAVE BLANK					
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))								
i. Client name GMFS				ii. Telephone number 855-476-8441				
iii. Street address (including apt., room, or suite no.) 7389 Florida Blvd, Suite 200A			iv. City Baton Rouge		v. State LA			
vi. ZIP code 70806			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								
1040								
a. Return Transcript <input checked="" type="checkbox"/>			b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>			
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>								
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 <input type="checkbox"/>		Line 2a <input type="checkbox"/>						
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)								
12 / 31 / 2024		12 / 31 / 2023		12 / 31 / 2022		/ /		
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.								
<input checked="" type="checkbox"/> 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			
	eSignature			4/9/2025	987-654-3210			
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input checked="" type="checkbox"/> Signatory confirms document was electronically signed				
	Print/Type name							
	Jane A Doe							
	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								

Catalog Number 72627P

www.irs.gov

Form **4506-C** (Rev. 10-2022)

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

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