Form **4506-C** (October 2022)

### Department of the Treasury - Internal Revenue Service

OMB Number 1545-1872

# **IVES 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-C, visit www.irs.gov and search IVES.

1a. Currer	t name					2a. Spou	se's curre	ent nam	e (if joint re	eturn and trans	cripts are requeste	d for both	taxpayers)
i. First nar	ii. Middle initial iii. Last Name										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. Previo	us name shown	on the last return f	iled 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 (includii	ng apt., room, or s	uite no.), city, state	, and ZIP code	e (see instruc	tions)					1		
a. Street address (including apt., room, or suite no.)									С	State d. ZIP code			
4. Previou	1												
a. Street a	<b>b</b> . City		c. State d. ZIP code										
5a. IVES	articipant name,	ID number, SOR	mailbox ID, and ad	dress									
i. IVES participant name TaxReturnVerifications.com							ii. IVES participant ID number 301300 iii. SOR mailbox ID ORDER4506						
iv. Street	address (includin	g apt., room, or su				v. City	v. City vi.			i. State	vii. ZIP code 37072		
327 Caldwell Dr #100  5b. Customer file number (if applicable) (see instructions)						5c. Unique identifier (if applicable) (see instructions)							
5d. Client	name, telephone	number, and add	ress (this field canr	not be blank or	not applicat	l ble (NA))							
<ul> <li>5d. Client name, telephone number, and address (this field cannot be blank or not applicable)</li> <li>i. Client name</li> <li>GMFS</li> </ul>							ic (ren))				ii. Telephone number 855-476-8441		
iii. Street address (including apt., room, or suite no.) 7389 Florida Blvd, Suite 200A						iv. City	v. City v. State vi. z				vi. ZIP code 70806	<del>7771</del>	
		•	he third party enter	ad on Line 5a	and/or 5d E	-						tions)	
	<u> </u>		number here (1040									-	ne 6
transcri 1040				, ,	,					,			
a. Return	Transcript X		<b>b.</b> Account T	ranscript		c. Record of Account							
7. Wage a	nd Income trans	script (W-2, 1098	-E, 1099-G, etc.)		<u>-</u> ]				_				
a. Enter a	max of three forr	n numbers here; it	no entry is made,	all forms will be	e sent.								
<b>b</b> . Mark th	e checkbox for ta	expayer(s) request	ing the wage and ir	ncome transcri	pts. If no bo	x is checke	d, transc	ripts will	be provide	ed for all listed	taxpayers		
	period requested	I Enter the ending		er or period usi	ing the mm (	dd yaan, for	mat (see	instruct	ione)				
8. Year or period requested. Enter the ending date of the tax year or period using the mm of 12 / 31 / 2023							12 / 31 / 2021 / /						
		orm unless all app	licable lines have b				12	<i>,</i> 31	1 202				,
requested sign the re	If the request ap quest. If signed be her than the taxp	oplies to a joint ret by a corporate offi	either the taxpaye urn, at least one sp cer, 1 percent or mo I have the authority	ouse must sigr ore shareholde	n; however, er, partner, m	if both spor	uses' nan nember, g	nes and guardian	TINs are I , tax matte	isted in lines 1 ers partner, exe	a-1b and 2a-2b, becutor, receiver, ac	oth spouse Iministrate	es must or, trustee,
X Signa	tory attests that	he/she has read	the above attestati	on clause and	d upon so re	ading dec	lares tha	t he/she	has the a	uthority to sig	gn the Form 4506-	C. See ins	structions.
	Signature for I	ine 1a (see instru	uctions)				Date						
	Form 4506-C was signed by an Authorized Representative						Signatory confirms document was electronically signed						
Print/Type name													
Sign	Title (if line 1a	above is a corpora	ation, partnership, e	state or trust)									
Here	(		, рр, -										
Spouse's signature (required if listed on Line 2a)							Date						
	Form 4506	-C was signed by	an Authorized Rep	resentative			Sig	natory o	confirms do	ocument was e	electronically signe	d	
	Print/Type nan	ne											

## 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	Austin IVES Team					
Processing Center	844-249-6238					
Kansas City Submission	Kansas City IVES Team					
Processing Center	844-249-8128					
Ogden Submission	Ogden IVES Team					
Processing Center	844-249-8129					

#### **Specific Instructions**

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Intial, 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

**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 "999999999".

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-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
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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 Washington, DC 20224

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