

RAÚL M. GRIJALVA  
7TH DISTRICT OF ARIZONA

COMMITTEE ON NATURAL RESOURCES  
Subcommittee on National Parks, Forests and Public  
Lands, Chair  
Subcommittee on Water and Power

COMMITTEE ON EDUCATION AND LABOR  
Subcommittee on Workforce Protections  
Subcommittee Early Childhood, Elementary and  
Secondary Education

CONGRESSIONAL PROGRESSIVE CAUCUS,  
Co-Chair



Congress of the United States  
House of Representatives  
Washington, DC 20515-0307

1440 Longworth HOB  
Washington, DC 20515  
Phone: (202) 225-2435  
Fax: (202) 225-1541

District Offices:  
810 E 22nd Street, Suite 102  
Tucson, AZ 85713  
Phone: (520) 622-6788  
Fax: (520) 622-0198

1455 S Fourth Avenue, Suite 4  
Yuma, AZ 85364  
Phone: (928) 343-7933  
Fax: (928) 343-7949

<http://grijalva.house.gov/>

January 30, 2012

Dear Friend:

Thank you for contacting my office. Facing foreclosure is a difficult and stressful experience, and far too many families in our community have become victims of the mortgage crisis over the past few years. The housing issue has devastated Arizona and spiraled out of control for far too long. As our federal government strives to provide relief to our country, I strive to make these government services easily attainable to the constituents of my district.

In addition, I have introduced a bill to keep families in their homes. My proposal is called the Right to Rent Act which would allow homeowners whose homes have been foreclosed to stay in their homes at a fair market rent determined by court. It provides a strong incentive for lenders to modify mortgages, including principal write-downs and to avoid becoming landlords. I understand how urgent and pressing this matter can be and will continue to do everything within my power to assist my constituents in these difficult times.

If you are facing the prospect of losing your home, one of the best things you can do is consult with an *approved* housing counselor. Unfortunately, foreclosure rescue and mortgage modification scams are a growing problem; beware of anyone who asks you to pay a fee in exchange for counseling services or the modification of a delinquent loan. I have asked lenders and counselors who are certified by the United States Department of Housing and Urban Development to help you understand what options and programs are available to help you through this difficult time.

**I will be holding a Foreclosure Prevention Workshop which will take place on Saturday, March 10, 2012 beginning at 9:00 am until 3:00 pm at Desert View High School, 4101 E. Valencia Road, Tucson, Arizona 85706.**

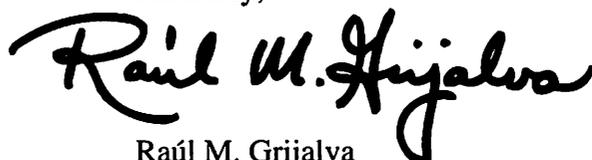
To receive immediate assistance, please **bring copies of all** the following items:

- Monthly mortgage statement
- Information about other mortgages on your home (if applicable)
- Two most recent pay stubs for all household members contributing toward the mortgage payment
- Last two years of tax returns, including W-2
- A copy of the IRS 4506-T for each borrower (enclosed)
- Request for Mortgage Assistance (RMA) form, signed by each borrower (enclosed)
- Foreclosure Prevention Workshop Form(enclosed)
- Monthly Living Expenses Form(enclosed)

- If self-employed, must also provide four months' of most recent bank statements; 2009 and 2010 tax return; and the most recent quarterly or year-to-date profit and loss statement(signed and dated)
- Two most recent bank statements with all pages (for all accounts)
- A utility bill showing homeowner name and property address
- Benefits statement for Unemployment, Social Security, Pension, Annuities, Disability award letter (if applicable)
- Account balances and minimum monthly payments due on all of your credit cards
- Information about your savings and other assets
- Proof of recent HOA(bill)-(if applicable)
- Rental agreements and two months of cancelled rental cancelled checks or two months of deposits(if applicable, only if you have a rental home)
- Copy of divorce decree, separation agreement, or other written agreement(if applicable)
- Hardship letter: A letter describing any circumstances that caused your income to be reduced or expenses to be increased (job loss, divorce, illness, etc.)

If you have any questions, please free to contact my office at (520) 622-6788. I look forward to seeing you!

Sincerely,

A handwritten signature in black ink that reads "Raúl M. Grijalva". The signature is written in a cursive style with a large, sweeping "R" at the beginning.

Raúl M. Grijalva  
Member of Congress



## U.S. Congressmen Raul M. Grijalva: Foreclosure Prevention Workshop — March 10, 2012

I understand that the provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without his or her consent.

Accordingly, I authorize the Foreclosure Assistance Workshop's housing counselors to review any personal information or documentation that I submit to them that relate to the issue stated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Homeowner(s) Information**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Day phone: \_\_\_\_\_  
 Evening phone: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Day phone: \_\_\_\_\_  
 Evening phone: \_\_\_\_\_

**Property Information**

Date of Purchase: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of property (house, condominium, etc.): \_\_\_\_\_

Bedrooms	Bathrooms	Square Footage	Stories/Floors	Garage	Basement	Lot Size/Acres	Year Built

1. Estimated current value of property: \_\_\_\_\_
2. Total annual property taxes: \_\_\_\_\_
3. Current condition of property: \_\_\_\_\_
4. Is this property occupied by owner or is it rented by tenant? \_\_\_\_\_
5. Is desired outcome to keep or sell the property: \_\_\_\_\_
6. If selling, is the property currently listed with a Realtor? \_\_\_\_\_
7. If yes, how long has the property been for sale? \_\_\_\_\_
8. Have you refinanced your home at any point since you've had your home? Y / N
9. If so, did you cash out an equity loan? Y/N

**Mortgage Information**

	1st Mortgage	2nd Mortgage (if applicable)
Lender's Name		
Balance		
Type of loan (Fixed, Adjustable, Interest-Only, etc.)		
Interest Rate (if adjustable, state the rate change and date of change)		
Total Monthly Payment		
Payments Current? If no, date of last payment?		

\*Which of the following categories does your loan fall under (please circle one)?    FHA    VA    Conventional    Other

**If you believe you are at risk of, or are currently in, foreclosure, please answer the following questions:**

Do you believe that you are at risk of foreclosure?: Y / N If yes, Why?: \_\_\_\_\_

Have you received a foreclosure notice?: Y / N

Has a foreclosure date been set?: \_\_\_\_\_ If yes, what is the date?: \_\_\_ / \_\_\_ / \_\_\_

How much cash do you have to put toward stopping the foreclosure?: \_\_\_\_\_

Have you experienced any recent changes in your finances (unemployment, medical expenses): Y / N

If yes, please explain: \_\_\_\_\_

Do you have assets (jewelry, car, life insurance policy, etc.) that you can sell to help reinstate your loan?: Y / N

If yes, please list: \_\_\_\_\_

How much can you pay monthly, in addition to your current payment, toward your mortgage?: \_\_\_\_\_

How long can you afford to pay this monthly amount?: \_\_\_\_\_

Are your property taxes and insurance included in your current monthly payment?: Y / N

Are you currently working with a housing counselor? Y / N

Have you filed for bankruptcy?: Y / N

**If you are not facing foreclosure, but have questions or would like information, please include your questions or specify what information you would like to receive:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Net Income: \_\_\_\_\_ Number in Family: \_\_\_\_\_

## MONTHLY LIVING EXPENSES

Expense	Current	Projected	Expense	Current	Projected
<b>Savings</b>			<b>Family</b>		
Savings			Life Insurance		
Emergency Plan			Day Care/Baby Sitting		
<b>Housing</b>			Allowance/Spending Money		
Rent/Mortgage			Alimony/Child Support		
2nd Mortgage/Mobile Home Space			<b>Education</b>		
Property Tax			Tuition/School Expense		
Renters/Homeowners Ins			Music or Other Lessons		
Home Furnishings			Student Loans		
Repairs & Improvements			<b>Donations/Church</b>		
<b>Utilities</b>			<b>Entertainment</b>		
Electricity			Cable/Video/CD's		
Gas			Dining Out		
Garbage/Water/Sewer			Sports/Hobbies		
Telephone/Cellular/Pager			Vacations		
<b>Food</b>			Newspaper/Magazines/Books		
Groceries/Household Supplies			<b>Personal</b>		
Food Bought at Work			Barber/Beauty Shop		
School Lunches			Toiletries/Cosmetics		
<b>Transportation</b>			Tobacco/Alcohol		
Car Payment #1			Miscellaneous		
Car Payment #2			Pet Care		
Gasoline			Gifts		
Auto Insurance			Dues - Unions, Clubs, Associations		
Maintenance/Tires			Bank Charges-Stamps/Envelopes		
Registration/Licenses			Taxes		
Parking/Carpool/Bus			Miscellaneous		
<b>Clothing</b>			<b>Debt Payments</b>		
For the Family					
Laundry/Dry Cleaners/Shoe Repair					
Diapers/Other					
<b>Health Care</b>					
Health Insurance					
Doctor/Dentist/Eye Care					
Prescriptions			<b>Total Expenses</b>		
Other			<b>Net Monthly Income</b>		

▶ Loan I.D. Number \_\_\_\_\_

▶ Servicer \_\_\_\_\_

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security Number	Social Security Number
Home phone number with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code

*I want to:*       Keep the Property       Sell the Property

*The property is my:*       Primary Residence       Second Home       Investment Property

*The property is:*       Owner Occupied       Renter Occupied for Less than 12 Months       Vacant for Less than 12 Months

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

<p><i>Is the property listed for sale?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Have you received an offer on the property?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Date of offer</i> _____ <i>Amount of offer \$</i> _____</p> <p><i>Agent's Name:</i> _____</p> <p><i>Agent's Phone Number:</i> _____</p> <p><i>For Sale by Owner?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><i>Have you contacted a credit-counseling agency for help?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p><i>Counselor's Name:</i> _____</p> <p><i>Agency Name:</i> _____</p> <p><i>Counselor's Phone Number:</i> _____</p> <p><i>Counselor's E-mail:</i> _____</p>
<p><i>Who pays the real estate tax bill on your property?</i></p> <p><input type="checkbox"/> I do   <input type="checkbox"/> Lender does   <input type="checkbox"/> Paid by condo or HOA</p> <p><i>Are the taxes current?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Condominium or HOA Fees</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   \$ _____</p> <p><i>Paid to:</i> _____</p>	<p><i>Who pays the hazard insurance premium for your property?</i></p> <p><input type="checkbox"/> I do   <input type="checkbox"/> Lender does   <input type="checkbox"/> Paid by Condo or HOA</p> <p><i>Is the policy current?</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Name of Insurance Co.:</i> _____</p> <p><i>Insurance Co. Tel #:</i> _____</p>

*Have you filed for bankruptcy?*    Yes    No   *If yes:*    Chapter 7    Chapter 13   *Filing Date:* \_\_\_\_\_

*Has your bankruptcy been discharged?*    Yes    No   *Bankruptcy case number* \_\_\_\_\_

*Additional Liens/Mortgages or Judgments on this property:*

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable Program.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other: _____

Explanation (continue on a separate sheet of paper if necessary): \_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household: \_\_\_\_\_

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support/Alimony/ Separation <sup>2</sup>	\$	Insurance	\$	Savings/Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Stocks/Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information
<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>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

**To be completed by interviewer**

This request was taken by:  <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature <span style="float: right;">Date</span>	
	Interviewer's Phone Number (include area code)	

**DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This certification is effective on the earlier of the date listed below or the date received by your servicer.

**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That I have not received a condemnation notice, there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify, and:
  - (a) for consideration for the Home Affordable Modification Program (HAMP) or unemployment assistance, my property is owner-occupied and I intend to reside in this property for the next twelve months, or
  - (b) for consideration for the Home Affordable Foreclosure Alternatives Program (HAFA), my property has been owner-occupied within the last twelve months.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or forbearance or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security Number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

The undersigned certifies/y under penalty of perjury that all statements in this document are true and correct.

Borrower Signature	Social Security Number	Date of Birth	Date
Co-borrower Signature	Social Security Number	Date of Birth	Date

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the Making Home Affordable Program, please call your servicer.*

*If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*

**888-995-HOPE™**  
Homeowner's HOPE™ Hotline

**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtarp.gov](http://www.sigtarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)  
 Department of the Treasury  
 Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.  
 Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 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. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.**

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. 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 30 calendar days . . . . .
- c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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 45 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.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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, either husband or wife 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.

	Telephone 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