



MORTGAGE SERVICES, LLC

P.O. Box 3549

Anaheim, CA 92803

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SHARON MINNOCK

9754 CHANTECLAIR CIR

HIGHLANDS RANCH CO 80126-3052



Property Address:

9754 CHANTECLAIR CIRCLE

HIGHLANDS RANCH, CO 80126



Loan Number: 4000629702

04/10/2018

RE: Servicemembers Civil Relief Act Notice Disclosure

Dear Borrower(s):

This letter is to notify you of any rights you may have under the Servicemembers Civil Relief Act.

**U.S. Department of Housing and Urban Development
Office of Housing**

Legal Rights and Protections Under the SCRA

Servicemembers on "active duty" or "active service," or a spouse or dependent of such a servicemember may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC App. §§ 501-597b) (SCRA).

Who May Be Entitled to Legal Protections Under the SCRA?

- Regular members of the U.S. Armed Forces (Army, Navy, Air Force Marine Corps and Coast Guard).
- Reserve and National Guard personnel who have been activated and are on Federal active duty.
- National Guard personnel under a call or order to active duty for more than 30 consecutive days under section 502(f) of title 32, United States Code, for purposes of responding to a national emergency declared by the President and supported by Federal funds.
- Active service members of the commissioned corps of the Public Health Service and the National Oceanic and Atmospheric Administration.
- Certain United States citizens serving with the armed forces of a nation with which the United States is allied in the prosecution of a war or military action.

What Legal Protections Are Servicemembers Entitled To Under the SCRA?

- The SCRA states that a debt incurred by a servicemember, or servicemember and spouse jointly, prior to entering military service shall not bear interest at a rate above 6% during the period of military service and one year thereafter, in the case of an obligation or liability consisting of a mortgage, trust deed, or other security in the nature of a mortgage, or during the period of military service in the case of any other obligation or liability.
- The SCRA states that in a legal action to enforce a debt against real estate that is filed during, or within one year after the servicemember's military service, a court may stop the proceedings for a period of time, or adjust the debt. In addition, the sale, foreclosure, or seizure of real estate shall not be valid if it occurs during, or within one

IMPORTANT DISCLOSURES

-VERBAL INQUIRIES & COMPLAINTS-

For verbal inquiries and complaints about your mortgage loan, please contact the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC, by calling 1-800-561-4567. The CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC is toll free and you may call from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday. You may also visit our website at <https://carringtonms.com/>.

-IMPORTANT BANKRUPTCY NOTICE-

If you have been discharged from personal liability on the mortgage because of bankruptcy proceedings and have not reaffirmed the mortgage, or if you are the subject of a pending bankruptcy proceeding, this letter is not an attempt to collect a debt from you but merely provides informational notice regarding the status of the loan. If you are represented by an attorney with respect to your mortgage, please forward this document to your attorney.

-CREDIT REPORTING-

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

-MINI MIRANDA-

This communication is from a debt collector and it is for the purpose of collecting a debt and any information obtained will be used for that purpose. This notice is required by the provisions of the Fair Debt Collection Practices Act and does not imply that we are attempting to collect money from anyone who has discharged the debt under the bankruptcy laws of the United States.

-HUD COUNSELOR INFORMATION-

If you would like counseling or assistance, you may obtain a list of HUD-approved homeownership counselors or counseling organizations in your area by calling the HUD nationwide toll-free telephone number at (800) 569-4287 or toll-free TDD (800) 877-8339, or by going to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>. You can also contact the CFPB at (855) 411-2372, or by going to www.consumerfinance.gov/find-a-housing-counselor.

-EQUAL CREDIT OPPORTUNITY ACT NOTICE-

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers CMS' compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

-SCRA DISCLOSURE-

MILITARY PERSONNEL/SERVICEMEMBERS: If you or your spouse is a member of the military, please contact us immediately. The federal Servicemembers Civil Relief Act and comparable state laws afford significant protections and benefits to eligible military service personnel, including protections from foreclosure as well as interest rate relief. For additional information and to determine eligibility please contact our Military Assistance Team toll free at (888) 267-5474.

-NOTICES OF ERROR AND INFORMATION REQUESTS, QUALIFIED WRITTEN REQUESTS (QWR)-

Written complaints and inquiries classified as Notices of Error and Information Requests or QWRs must be submitted to Carrington Mortgage Services, LLC by fax to 800-486-5134, or in writing to Carrington Mortgage Services, LLC, and Attention: Customer Service, P.O. Box 5001, Westfield, IN 46074. Please include your loan number on all pages of the correspondence. You have the right to request documents we relied upon in reaching our determination. You may request such documents or receive further assistance by contacting the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC toll free at (800) 561-4567, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. You may also visit our website at <https://carringtonms.com/>.

REQUEST FOR MORTGAGE ASSISTANCE (RMA)



Important! To avoid delays, please make sure all pages are complete and accurate

Loan Number: _____

Carrington Mortgage Services, LLC (CMS) is here to help if you are experiencing a financial hardship. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. **IMPORTANT.** The same requirements apply to all applicants even if they are not obligated under the Note. If there is more than one Applicant executing this document, each is referred to as "I". For purposes of this document words signifying the singular (such as "I" or "my") shall include the plural (such as "we" or "our") and vice versa where appropriate.

To be considered for any of the loss mitigation options offered by CMS you must provide the following:

- a) Completed, signed and dated Request for Mortgage Assistance (RMA)
- b) A completed and signed IRS Form 4506-T or 4506T-EZ
- c) All required hardship / income documentation in Section B of this RMA.

Please send your documentation via email, fax, or through our website and be sure to list your account number on each page for tracking purposes:

(email): mortgageassistance@carringtonms.com

(fax): 1.877.267.1331

(website): www.carringtonms.com

*** FHA loans will require additional applicants that apply and are approved for a loan modification or partial claim to be financially liable for the debt before the modification becomes effective and will be required to execute a formal loan assumption.**

SECTION A: APPLICANT INFORMATION

Borrower		Co-Borrower		* Additional Applicant	
Full Name		Full Name		Full Name	
Date of Birth	Social Security Number	Date of Birth	Social Security Number	Date of Birth	Social Security Number
Work Number		Work Number		Work Number	
Home Number		Home Number		Home Number	
Mobile Number		Mobile Number		Mobile Number	
Alternate Number		Alternate Number		Alternate Number	
Email Address		Email Address		Email Address	

NOTICE: When you give us your mobile phone number and/or email address, we have your permission to contact you on that number and/or email address about all of your accounts serviced by Carrington Mortgage Services, LLC ("CMS"). Your consent specifically allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. You may contact us anytime to change these preferences.

Mailing Address		City	State	Zip Code
Property Address: (if same as mailing, enter "same")		City	State	Zip Code

I want to:	Keep The Property	Vacate The Property	Sell The Property	Undecided
The property is currently:	Owner Occupied	Renter Occupied	Vacant / Abandoned	
The property is my:	Primary Residence	Second Home	Investment Property	

Please indicate the total number of occupants residing in the subject property: _____

Is the property listed for sale?	Yes	No	Agent's Name	_____
Is the property for sale by owner?	Yes	No	Agent's Phone Number	_____
Do you have Condominium or HOA Fees?	Yes	No	Association Name	_____
If Yes, Total Monthly Amount Paid	\$		Association Address	_____

Is any applicant an active duty Servicemember, a dependent of a Servicemember, or surviving spouse of a Servicemember?	Yes	No
Has any applicant been deployed away from the primary residence or recently received a Permanent Change of Station (PCS) order?	Yes	No
If yes, do you intend to occupy this property as your primary residence in the future?	Yes	No

Has any applicant filed for bankruptcy protection?	Yes	No	If Yes:	CH7	CH11	CH12	CH13
Filing Date:	Case Number:		Has the Bankruptcy been discharged?	Yes	No		

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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SECTION B: HARDSHIP & INCOME REQUIREMENTS

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief. The hardship causing mortgage payment challenges began on approximately _____ (MM/DD/YY) and is believed to be:

Short term (up to 6 months)

Long term or permanent (greater than 6 months)

Resolved as of (date): _____

Type Of Hardship (Check primary reason)	Required Hardship Documentation
Reduction of income (e.g. elimination of overtime, reduction in regular hours or reduction in base pay)	Not required
Disaster (natural or man-made)	Not required
Unemployment	- What date did you become unemployed _____ - Are you actively seeking employment? Yes No
Long-term or permanent disability; serious illness of a borrower/co-borrower or dependent family member	- Documentation verifying disability or illness OR - Proof of monthly insurance benefits or government assistance
Self-employed business failure	- Bankruptcy filing for the business OR - Hardship letter detailing the date and cause of the business failure
Increased housing expenses (e.g. Uninsured losses, increased property taxes, HOA, special assessment)	Hardship letter outlining the type, timing, and amount and if the increase will continue into the foreseeable future
Divorce or legal separation	- Final divorce decree or final separation agreement - Recorded quitclaim deed
Separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	- Recorded quitclaim deed - Hardship letter explaining why a borrower on the original Note either refuses to cooperate with the application process and/or that their whereabouts are unknown
Death of a borrower or dependent family member	- Death certificate or obituary / newspaper article reporting the death - Probate or Affidavit of Heirship
Distant employment transfer /Relocation	For active duty service members: - Notice of Permanent Change of Station (PCS) or actual PCS orders For employment transfers / new employment: - Copy of signed offer letter or notice from employer showing transfer to a new employment location or paystub from new employer - Documentation that reflects the amount of any relocation assistance, if applicable (not required for those with PCS orders)
Other: a hardship that is not covered above	Written letter of explanation describing the details of the hardship and relevant documentation (provide separately)

Employment / Income Type	Required Income Documentation
Salary, hourly and overtime pay, commissions, tips, and bonuses	30-days of consecutive pay stubs showing year-to-date earnings
Self-employment income	- Most recent signed quarterly or year-to-date profit & loss statement - Most recent filed & signed Federal Tax Return (all schedules)
Social Security, pension, disability, death benefits, adoption assistance, housing allowance and other public assistance	2-months most recent bank statements (all pages) - Award letters or other documentation showing the duration, frequency, and amount of the benefits
Rental income	- Most recent filed & signed Federal Tax Return including Schedule E Supplemental Income and Loss - Current lease agreement(s) 2-months most recent bank statements or cancelled rent checks
Investment income	2-months most recent bank statements (all pages) OR 2-months most recent investment statements
Alimony, child support or separation maintenance	2-months most recent bank statements (all pages) - Court approved documentation showing duration, frequency, and amount of such payments **You are not required to disclose alimony, child support, or separation maintenance unless you wish to use those funds to qualify
Unemployment income	Most current benefit award letter / benefit statement
Active Military	30-days of L&E Statements showing year-to-date earnings

IMPORTANT: To assist with the evaluation process, please highlight/circle your monthly living expenses on your bank statements

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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SECTION C: OTHER PROPERTIES OWNED

Please provide your full monthly mortgage payment(s) including property taxes, home owner's insurance and any additional escrow items and/or monthly association fees ("PITIA"). You must provide information about all properties that you, the co-borrower, or other applicant(s) own, other than your principal residence. If applicable, you must provide monthly mortgage statement(s), home owner's insurance statement(s), property tax statement(s), condominium and/or HOA billing statement(s), and lease agreements for each additional property owned. Use additional sheets if necessary.

Borrower			Co-Borrower			Additional Applicant		
Check box if this section does not apply			Check box if this section does not apply			Check box if this section does not apply		
Property #1			Property #1			Property #1		
Property Address			Property Address			Property Address		
City	State	Zip	City	State	Zip	City	State	Zip
Gross Monthly Rent \$	Mortgage Payment (PITIA) \$		Gross Monthly Rent \$	Mortgage Payment (PITIA) \$		Gross Monthly Rent \$	Mortgage Payment (PITIA) \$	
Property #2			Property #2			Property #2		
Property Address			Property Address			Property Address		
City	State	Zip	City	State	Zip	City	State	Zip
Gross Monthly Rent \$	Mortgage Payment (PITIA) \$		Gross Monthly Rent \$	Mortgage Payment (PITIA) \$		Gross Monthly Rent \$	Mortgage Payment (PITIA) \$	

SECTION D: INCOME / EXPENSE FOR HOUSEHOLD

Borrower		Co-Borrower		Additional Applicant	
Monthly Gross Income \$	Monthly Net Income \$	Monthly Gross Income \$	Monthly Net Income \$	Monthly Gross Income \$	Monthly Net Income \$
Are you a wage earner?	Provide start date	Are you a wage earner?	Provide start date	Are you a wage earner?	Provide start date
Yes No		Yes No		Yes No	
Are you self-employed?	% of business ownership	Are you self-employed?	% of business ownership	Are you self-employed?	% of business ownership
Yes No		Yes No		Yes No	
Are you a school teacher?	# of months paid per year	Are you a school teacher?	# of months paid per year	Are you a school teacher?	# of months paid per year
Yes No		Yes No		Yes No	
Do you get bonus income?	Provide frequency	Do you get bonus income?	Provide frequency	Do you get bonus income?	Provide frequency
Yes No		Yes No		Yes No	

Household Income (Monthly)	
Gross Income (before withholdings)	\$
Self-employment Income	\$
Overtime, Tips, Commission, Bonus	\$
Unemployment Income	\$
Social Security / Disability Income	\$
Annuity / Retirement Income	\$
**Alimony, Child Support, Separation Maintenance	\$
Gross Rental Income	\$
Food Stamps / Public Assistance	\$
Other	\$
Total Monthly Income	\$

Household Expenses/Debts (Monthly)	
Primary Mortgage Principal & Interest Payment	\$
Second Mortgage Payment	\$
Third Mortgage / Line of Credit Payment	\$
Home Owner's Insurance	\$
Property Taxes	\$
HOA / Condo / Co-op / Maintenance Fee	\$
Child Support / Alimony Payments	\$
Credit Cards (minimum payments)	\$
Car Loans / Personal Loans / Student Loans	\$
Additional Properties (Mortgage payments)	\$
Total Monthly Expenses	\$

**** Only include alimony, child support, or separation maintenance if you want it considered for this application and repaying the loan.**

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Household Assets	
Checking Account(s)	\$
Checking Account(s)	\$
Savings Account(s) / Money Market	\$
Investments (CDs, Stocks, Bonds)	\$
Cash on Hand	\$
Other Real Estate (Estimated Value)	\$
Other	\$
Other	\$
Total Household Assets	\$

Additional Living Expenses (Monthly)	
School Tuition	\$
Child Care / Pet Care	\$
Auto (gas, maintenance, insurance)	\$
Food / Grocery	\$
Utilities	\$
Clothing	\$
Cable, Phone, Internet	\$
Medical (prescriptions)	\$
Total Additional Expenses	\$

SECTION E: CONSENT AND LEGAL NOTICES

In making this request for loss mitigation assistance, I understand and consent to the following:

1. All of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this application.
2. CMS and/or the owner or guarantor of my mortgage loan, and/ or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize CMS, and/or the owner or guarantor of the subject mortgage loan, and/ or their respective agents to use a current consumer report to investigate my eligibility for mortgage assistance and the accuracy of the statements and any documentation that I provide in connection with this application. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess my eligibility thereafter.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance, CMS, and/or the owner or guarantor of my mortgage loan, and/ or their respective agents may terminate my participation in any of the foreclosure prevention alternatives including any right to future benefits and incentives that otherwise would have been available under such programs, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. Any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. CMS will use the information I provide to evaluate my eligibility for available relief options and foreclosure prevention alternatives, but CMS is not obligated to offer me mortgage assistance based solely on the representations in this document or other documentation submitted in connection with my request.
7. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
8. CMS will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to CMS' disclosure of my personal information to Fannie Mae and Freddie Mac in connection with their responsibilities under USDA, VA, HUD and their respective agents, companies that perform support services, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
9. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to CMS. This includes text messages and telephone calls to my cellular or mobile telephone.
10. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to CMS, I hereby withdraw such notice and understand that CMS must contact me through the loss mitigation process or to find other alternatives to foreclosure.
11. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that CMS is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
12. I agree that when CMS accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
13. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
14. If I qualify for and enter into a Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Homeowner's Hotline

If you have questions about this document or the general mortgage assistance process, please call your Servicer. If you have questions about government programs that your Servicer cannot answer or if you need further counseling, you can call the Homeowner's HOPE Hotline at 888-995-HOPE (4673). The Hotline can help answer questions about the program and offers free HUD-certified counseling services in English and Spanish.



SECTION F: 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 mortgage assistance in person. **If you do not wish to furnish the information, please check the box below and proceed to the signature section below.**

Borrower	Co-Borrower	Additional Applicant
I do not wish to furnish this information	I do not wish to furnish this information	I do not wish to furnish this information
Hispanic or Latino	Hispanic or Latino	Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino	Not Hispanic or Latino
American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native
Asian	Asian	Asian
Black or African American	Black or African American	Black or African American
Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
White	White	White
Male	Male	Male
Female	Female	Female

To Be Completed By The Lender / Servicer

This request was taken by:	Interviewer's Information	Name & Address of Lender/Servicer:
Face-to-face interview	Name & ID#	Carrington Mortgage Services, LLC 1600 South Douglass Rd, Suites 110 & 200A Anaheim, CA 92806
Mail	Signature	Lender / Servicer Email Address
Phone	Phone #	Mortgageassistance@carringtonms.com
Internet	Fax #	

By signing below, I certify that all information provided herein is truthful. I understand that knowingly submitting false or misleading information may constitute fraud and that I will not be eligible for mortgage assistance.

Borrower		Co-Borrower		Additional Applicant	
Signature	Date	Signature	Date	Signature	Date

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

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 and click on "Get a Tax Transcript..." 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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.	

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 1120-A, Form 1120-H, Form 1120-L, 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.

/	/	/	/
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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, 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-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	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	

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.

► For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript 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.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS 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 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer
on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Spouse's signature	Date