



Atlantic Union Bank
4355 Innslake Drive
Glen Allen, VA 23060

Dear Borrower(s):

We understand that financial circumstances may change from time to time; creating hardships that affect your ability to meet your obligations. We are concerned about your recently missed mortgage payment and want to make you aware of options Atlantic Union Bank has for hardship assistance.

We Are Here to Help—Call Us at 1.844.661.0093

Let us work with you to understand the issues affecting your mortgage payments. We'll explore what assistance may be available to you and discuss the forms, documentation and information we need to determine if you qualify for hardship assistance.

Options May Be Available

The right option for you depends on your individual circumstances. Review the *Information on Avoiding Foreclosure* page for an overview of these options. When you provide the required forms, documentation and information about your situation, we can determine if you qualify for any temporary or long-term relief options.

The sooner you respond, the quicker we can determine whether you qualify for an option to avoid foreclosure. Start by completing the attached *Customer Hardship Assistance Package* along with other required documents. Send the completed *Customer Hardship Assistance Package* to us via email, fax or mail as outlined in the *Submission Avenues* section of the *Customer Hardship Assistance Package*.

If you have any other mortgage loans secured by the same property, you should also contact the servicer(s) of those mortgage loans to discuss available loss mitigation options.

Additional Resources

For help exploring your options, the Federal government provides contact information for housing counselors, which you can access by contacting the Consumer Financial Protection Bureau at <http://www.consumerfinance.gov/find-a-housing-counselor>, the Department of Housing and Urban Development at <https://www.hudexchange.info/programs/housing-counseling>, or by calling 1-800-569-4287.

If you are a servicemember on "active duty" or "active service", or a spouse or dependant of such a servicemember you may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC App. 504-597b) (SCRA). If you have questions as to whether you are entitled to legal protection under the SCRA, please go to <http://www.militaryonesource.mil/legal> or call 1-800-342-9647 to find out more information.

Sincerely,

Mortgage Assistance Center
Atlantic Union Bank



Atlantic Union Bank
Customer Hardship Assistance Package

Information on Avoiding Foreclosure

Learn more About Options to Avoid Foreclosure

The variety of options summarized below are available within the Mortgage Assistance Center. For example, you may be eligible to modify your mortgage that will lower your monthly payment to make it more affordable. Contact us to determine if you qualify.

If you have the funds available or are able to obtain the funds, you also have the option to prevent foreclosure by paying all delinquent amounts that you owe. Please call our Collections Department at 855-233-7041 to obtain the payment amount, delivery instructions and date that the payment would be due.

Don't delay, as failure to take action may result in commencement of [foreclosure proceedings on your home](#).

OPTIONS TO REMAIN IN YOUR HOME	OVERVIEW	BENEFIT
Forbearance Plan	Payment forbearance temporarily suspends your monthly loan payment.	Payment forbearance allows you time to gain employment if unemployed or make additional income.
Rate/Term Modification	A rate/term modification modifies the mortgage rate and/or term.	A rate/term modification makes your payments more affordable or manageable by extending the term, and/or reducing the interest rate. The arrearage will be deferred rather than capitalized
Deferred Arrearage Modification	A deferred arrearage modification defers payments of your arrearages.	A deferred arrearage modification allows you to continue paying your mortgage by deferring the arrearage rather than capitalizing the arrearage. This will allow you to keep a similar payment to what you had prior to delinquency

OPTIONS TO LEAVE YOUR HOME	OVERVIEW	BENEFIT
Short Sale	When there is no equity in a home, a short sale option allows a sale for less than what is owed. Payment of the shortfall may be required.	A short sale allows you to leave your home without going through foreclosure.

We Want to Help

Take action to gain control of your housing situation. Call us at 1.844.661.0093, or email us at MortgageAssistanceCenter@AtlanticUnionBank.com to discuss available options as well as the documentation and information we need to determine if you qualify for assistance.

Atlantic Union Bank Customer Hardship Assistance Package

CUSTOMER HARDSHIP ASSISTANCE PACKAGE CHECKLIST

Use this checklist to ensure you have completed all required forms and information	
STEP 1	<p>Review the information provided to help you understand your options, responsibilities, and next steps. Pictures of the following required documents will not be accepted. You must submit these documents via email, fax or mail. If these options are unavailable to you then please visit your local branch and they will be happy to email, fax or mail the package for you.</p>
STEP 2	<p>Provide the following required income documentation:</p> <ul style="list-style-type: none"> • Salaried/Hourly Employee <ul style="list-style-type: none"> ○ For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub(s) that reflects at least 30 days of year-to-date earnings for each borrower. • Self Employed <ul style="list-style-type: none"> ○ For each borrower who receives self-employed income, include 2 (two) years of completed, signed individual federal tax returns; AND either the most recent signed and quarterly or year-to-date profit and loss statement that reflects activity for the most recent 3 (three) months; AND copies of bank statements for all accounts for the last 2 (two) months evidencing continuation of business activity • Bonuses, Commissions, Overtime or Tips <ul style="list-style-type: none"> ○ The most recent paystubs showing the bonus, commissions or tips and explanation of frequency; OR most recent W2 • Social Security, disability or death benefits or pension <ul style="list-style-type: none"> ○ Benefit letter showing amount and frequency; AND 2 (two) most recent bank statements • Rental Income <ul style="list-style-type: none"> ○ Copy of current lease agreement not expired; AND 2 (two) most recent bank statements. If lease agreement is expired, copies of recent utility bills showing property is still being rented to the same occupant • Investment Income <ul style="list-style-type: none"> ○ Copies of the 2 (two) most recent investment statements or bank statements supporting receipt of income • Alimony, child support, or separation maintenance payments. Note: these do not have to be provided if you do not wish to have this income considered. <ul style="list-style-type: none"> ○ Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree showing the amount and the period of time the alimony, child support or separation maintenance payments are due; AND ○ 2 (two) most recent bank statements reflecting the alimony, child support, or separation maintenance payments. <p>This documentation will be used to verify your hardship. You must provide details on all of your income. You may also, but are not required to, provide any alimony or child support that you wish to use to rely upon to qualify.</p> <p>You may also disclose any income from an adult household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. An adult household member contributing additional income will not make the non-borrower liable for the debt. If you elect to disclose and rely upon this income to qualify, the adult household member contributing additional income will be required to provide the same as the income documentation required for a borrower. If the adult household member contributing additional income chooses to submit the required income documentation, he or she will also be required to fill out the enclosed Non-Borrower Authorization form allowing Atlantic Union Bank to use their income in the qualification process.</p>

Atlantic Union Bank Customer Hardship Assistance Package

STEP 3	<ul style="list-style-type: none"> • Complete and sign the Customer Hardship Assistance Package. The Customer Hardship Assistance Package must be signed by all borrowers on the mortgage. The Customer Hardship Assistance Package must include an explanation of the financial hardship that makes it difficult to pay the mortgage <ul style="list-style-type: none"> ○ This must be signed and dated within 90 days of the date that it is received by Atlantic Union Bank • Your acknowledgment and that all information that you provide is true and accurate • Fully executed IRS Form 4506-T (attached) <ul style="list-style-type: none"> ○ This must be signed and dated within 120 days of the date that it is received by Atlantic Union Bank • Non-Borrower Authorization Form (if applicable)
STEP 4	Provide a current Homeowners Insurance Policy (declarations page) showing total annual premium and the dates that the policy is in effect
STEP 5	<p>If you are requesting a short sale the following additional documentation will be required:</p> <ul style="list-style-type: none"> • Sales Contract • HUD 1 (Closing Disclosure) • Arms Length Affidavits by Seller, Seller’s Agent, Buyer and Buyer’s Agent • Proof of Buyer funds • 2 most recent months of Bank Statements
STEP 6	<p>Send your completed Customer Hardship Assistance Package together with all required forms and information including income documentation immediately to:</p> <p><u>Mail:</u> Atlantic Union Bank Attn: Mortgage Assistance Center P.O Box 150 Ladysmith, VA 22501</p> <p><u>Fax:</u> 1.804.482.2983</p> <p><u>OR Email:</u> <u>NOTE: IF YOU CHOOSE TO EMAIL YOUR PACKAGE, MAKE SURE YOUR INTERNET CONNECTION IS SECURE. ATLANTIC UNION BANK CANNOT INSURE THE SECURITY OF YOUR EMAIL TO US.</u></p> <p>MortgageAssistanceCenter@AtlanticUnionBank.com – The Subject line should read: “Hardship Assistance Package Submission”</p> <p><u>IMPORTANT REMINDERS:</u> Please include your loan number in the subject line as well as at the top of each page.</p> <p>Keep a copy of all documents and proof of mailing for your records.</p> <p>If you have any other mortgage loans secured by the same property, you should also contact the servicer(s) of those mortgage loans to discuss available loss mitigation options.</p> <p>A current credit bureau report will be obtained by the Bank as part of the application review process for all borrowers.</p>



**Atlantic Union Bank
Customer Hardship Assistance Package**

Customer Hardship Application

Current Atlantic Union Bank Loan #:

ATLANTIC UNION BANK use only

DATE RECEIVED: _____

CUSTOMER LOAN #: _____

SECTION A – PROPERTY INFORMATION						
WHAT ARE YOUR INTENTIONS REGARDING THIS PROPERTY? SELL RENT KEEP						
IS THE LOAN YOU ARE APPLYING FOR ASSISTANCE A 1ST OR 2ND LIEN?						
IS THIS PROPERTY FOR SALE? YES NO		IS THIS PROPERTY FOR RENT? YES NO				
LIST DATE:		MONTHLY RENT	MONTH LAST PAID	DATE LEASE EXPIRES		
PRICE:						
REALTOR NAME:						
REALTOR PHONE:						
SECTION B – BORROWER INFORMATION						
NAME: (First, Last):			DATE OF BIRTH:	SOCIAL SECURITY NO.		
DEPENDENTS:	HOME PHONE:	CELL PHONE:		E-MAIL ADDRESS:		
STREET ADDRESS: (Street, City, State, Zip)						
CURRENT MAILING ADDRESS: (If different from street address)						
PREVIOUS ADDRESS: (If less than 2 years)						
TIME AT RESIDENCE:	RENT OR OWN:	ESTIMATED VALUE OF HOME:	PAYMENT/RENT:	DATE OPENED:	MONTHLY SALARY:	NET OR GROSS:
EMPLOYERS NAME:		OCCUPATION/TITLE:	TIME IN POSITION:	BONUS/COMMISSION:	FREQUENCY:	
EMPLOYERS ADDRESS:				WORK PHONE/EXTENSION:		
PREVIOUS EMPLOYER (If less than 2 years):			OCCUPATION/TITLE:	TIME IN POSITION:		
OTHER INCOME: (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this						
SOURCE:		MONTHLY INCOME:	NET OR GROSS:			
SECTION C – BORROWER ASSET & DEBT INFORMATION						
This section should be completed giving asset and debt information only about the borrower.						
ASSETS OWNED:						
CHECKING ACCOUNT BALANCES:				INSTITUTION(S) NAME:		
SAVINGS/CD ACCOUNT BALANCES				INSTITUTION(S) NAME:		



Atlantic Union Bank Customer Hardship Assistance Package

IRAS, 401k & RETIREMENT BALANCES:			INSTITUTION(S) NAME:			
MARKETABLE SECURITIES VALUE:		NON-MARKETABLE SECURITIES VALUE:		CASH VALUE OF LIFE INSURANCE:		
REAL ESTATE: (Type of property, Location)				VALUE:		
AUTOMOBILES: (Year, Make, Model)				VALUE:		
OTHER ASSETS:				VALUE:		
OUTSTANDING DEBTS:						
REAL ESTATE LOANS PAYABLE TO BANKS: (List)			BALANCES:		MONTHLY PAYMENT:	
SECURED LOANS PAYABLE TO BANKS: (List)			BALANCES:		MONTHLY PAYMENT:	
SECTION D – CO-BORROWER OR OTHER PARTY INFORMATION						
Complete only if: For joint credit relying on income or assets from other sources.						
NAME: (First, Last):			DATE OF BIRTH:		SOCIAL SECURITY NO.	
DEPENDENTS:	HOME PHONE:		CELL PHONE:		E-MAIL ADDRESS:	
CURRENT STREET ADDRESS: (Street, City, State, Zip)						
MAILING ADDRESS: (If different from street address)						
PREVIOUS ADDRESS: (If less than 2 years)						
TIME AT RESIDENCE:	RENT OR OWN:	ESTIMATED VALUE OF HOME:	PAYMENT/RENT:	DATE OPENED:	MONTHLY SALARY:	NET OR GROSS:
EMPLOYERS NAME:		OCCUPATION/TITLE:		TIME IN POSITION:	BONUS/COMMISSION:	FREQUENCY:
EMPLOYERS ADDRESS:				WORK PHONE/EXTENSION:		
PREVIOUS EMPLOYER (If less than 2 years):			OCCUPATION/TITLE:		TIME IN POSITION:	
CO-BORROWER OTHER INCOME: (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)						
SOURCE:			MONTHLY INCOME:		NET OR GROSS:	
SECTION E – CO-BORROWER OR OTHER PARTY ASSET & DEBT INFORMATION						
If Section C has been completed, this section should be completed giving information only about the Co- borrower or Other Party. If the Co-borrower or Other Party's assets and debt information were already included jointly with borrower's information in Section B, do not complete.						
ASSETS OWNED:						
CHECKING ACCOUNT BALANCES:			INSTITUTION(S) NAME:			
SAVINGS/CD ACCOUNT BALANCES			INSTITUTION(S) NAME:			



Atlantic Union Bank Customer Hardship Assistance Package

IRAS, 401k & RETIREMENT BALANCES:		INSTITUTION(S) NAME:	
MARKETABLE SECURITIES VALUE:	NON-MARKETABLE SECURITIES VALUE:	CASH VALUE OF LIFE INSURANCE:	
REAL ESTATE: (Type of property, Location)		VALUE:	
AUTOMOBILES: (Year, Make, Model)		VALUE:	
OTHER ASSETS:		VALUE:	
OUTSTANDING DEBTS:			
REAL ESTATE LOANS PAYABLE TO BANKS: (List)		BALANCES:	MONTHLY PAYMENT:
SECURED LOANS PAYABLE TO BANKS: (List)		BALANCES:	MONTHLY PAYMENT:

SECTION F – GENERAL QUESTIONS

Please try to complete as many of the question as possible. Additional information may be necessary and Atlantic Union Bank will need to speak with you during the assistance process.

1. DO YOU OCCUPY THIS PROPERTY AS A PRIMARY RESIDENCE? YES NO
IF YES, HOW LONG HAVE YOU LIVED AT THIS RESIDENCE? YEARS: MONTHS:
2. HOW MANY PEOPLE RESIDE IN THE HOUSEHOLD?
3. DO YOU HAVE ANY DEPENDENTS UNDER THE AGE OF 18? YES NO IF YES, HOW MANY?
4. DO YOU HAVE ANY OTHER DEBTS OR OBLIGATIONS SECURED BY THIS PROPERTY (I.E., SECOND MORTGAGE, HOME EQUITY LOAN, JUDGMENTS OR LIENS)?
YES NO IF YES, PLEASE ITEMIZE THESE DEBTS OR OBLIGATIONS BELOW:

DEBT/OBLIGATION	AMOUNT
	\$
	\$
	\$

5. DO YOU OWN ANY OTHER PROPERTIES? YES NO HOW MANY? IF YES, PLEASE COMPLETE THE FOLLOWING ITEMS:			
MONTHLY PAYMENT	RENTAL INCOME	PRINCIPAL BALANCE	IS THIS PROPERTY CURRENTLY VACANT?
			YES NO
			YES NO
			YES NO

6. WHAT IS THE AMOUNT OF FUNDS YOU IMMEDIATELY HAVE AVAILABLE TO APPLY TOWARD YOUR MORTGAGE DELINQUENCY? \$
7. IN ADDITION TO THE AMOUNT STATED ABOVE, WHAT AMOUNT WILL YOU HAVE AVAILABLE IN 30 DAYS? \$



Atlantic Union Bank
Customer Hardship Assistance Package

SECTION F – GENERAL QUESTIONS (CONT'D)
(If needed, attach a separate sheet of paper for explanation)

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default. Also explain whether this is a permanent or temporary situation.



**Atlantic Union Bank
Customer Hardship Assistance Package**

Borrower Agreement and Authorization

I certify, and agree to the following:

1. All of the information in this Customer Hardship Assistance Package is truthful and the hardship that I have identified contributed to my need for hardship assistance.
2. The accuracy of my statements may be reviewed by Atlantic Union Bank, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Atlantic Union Bank, or authorized third party*, communications.
3. As part of the mortgage assistance process, Atlantic Union Bank or authorized party* may verify information that has been provided. You (Borrower) authorize the release of any information needed to obtain mortgage assistance to Atlantic Union Bank, or its agent(s), or an authorized party.
4. Knowingly submitting false information may violate Federal and other applicable laws.
5. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for hardship assistance or if I do not provide all required documentation, Atlantic Union Bank may cancel this request and any hardship assistance granted and may pursue foreclosure on the property and/or any available legal remedies.
6. Atlantic Union Bank is not obligated to offer me hardship assistance based solely on the representations in this document or other documentation submitted in connection with my request.
7. A condemnation notice has not been issued for the property.
8. Atlantic Union Bank or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. Atlantic Union Bank or authorized third party* will collect and record personal information that I submit with this Customer Hardship Assistance Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to Atlantic Union Bank or authorized third party*, disclosing my personal information and the terms of any mortgage assistance option available to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them.
10. I consent to being contacted concerning this request for hardship assistance at any telephone number, including mobile telephone number, or email address I have provided to Atlantic Union Bank or authorized third party.*

Borrower Signature

Date

Co-Borrower Signature

Date

* An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA), Bank counsel or other similar entity that is assisting in obtaining a mortgage assistance option.



Atlantic Union Bank
Customer Hardship Assistance Package

SUBMISSION AVENUES

NOTE: Pictures of the required documents will not be accepted. You must submit these documents via email, fax or mail. If these options are unavailable to you then please visit your local branch and they will be happy to email, fax or mail the package for you.

MAIL:

Return the completed package to:
Atlantic Union Bank
Attn: Mortgage Assistance Center
P.O Box 150
Ladysmith, VA 22501

OR

FAX:

Customer may fax all documents to Atlantic Union Bank at 1.804.482.2983. A fax cover sheet with directions for use is included in this package.

OR

EMAIL:

NOTE: IF YOU CHOOSE TO EMAIL YOUR PACKAGE, MAKE SURE YOUR INTERNET CONNECTION IS SECURE. ATLANTIC UNION BANK CANNOT ENSURE THE SECURITY OF YOUR EMAIL TO US.

MortgageAssistanceCenter@AtlanticUnionBank.com – The Subject line should read:
“Hardship Assistance Package Submission”

If you have questions, contact Mortgage Assistance Center at 1.844.661.0093 or via email:
MortgageAssistanceCenter@AtlanticUnionBank.com



**Atlantic Union Bank
Customer Hardship Assistance Package**

P.O Box 150
Ladysmith, VA 22501
Fax: 1.804.482.2983

**MORTGAGE ASSISTANCE CENTER FAX COVERSHEET
FAX ALL DOCUMENTS TO: 1.804.482.2983**

DATE: _____

CUSTOMER'S FULL NAME: _____

LOAN #: _____

- Only include loan numbers that you wish to have considered for Mortgage Assistance Center options
- Submit a separate cover sheet for additional property addresses

PROPERTY ADDRESS: _____

IMPORTANT:

IN ORDER TO FACILITATE PROMPT AND ACCURATE REVIEW OF YOUR REQUEST, PLEASE BE SURE TO INCLUDE YOUR FULL NAME, LOAN NUMBER AND DATE WITH YOUR DOCUMENTS. IF MULTIPLE DOCUMENTS FOR THE SAME LOAN ARE BEING SUBMITTED, INCLUDE THE LOAN NUMBER AT THE TOP OF EACH PAGE.



Atlantic Union Bank
Customer Hardship Assistance Package

NON-BORROWER AUTHORIZATION FORM

LOAN NUMBER: _____

The undersigned individual authorizes Atlantic Union Bank to use the income documentation provided by me for mortgage assistance qualification purposes. I understand that my entire gross income will be considered for purposes of qualification. I certify that I am over the age of 18 and I reside in the subject property. I also certify that I am a relative, spouse, domestic partner or fiancé of the borrower.

Full Name (Printed): _____

Relationship to Borrower: _____

Property Address: _____

City, State, Zip: _____

By signing this form, I acknowledge and agree to contribute income to the household referenced above. If the Borrower is approved for hardship assistance, I understand that I will **NOT** be added to the indebtedness of the Loan.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS AUTHORIZATION:

Signature

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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> 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 _____	
Sign Here Title (if line 1a above is a corporation, partnership, estate, or trust) _____	
Spouse's signature _____ Date _____	

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning 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.

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. Mail 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 charts: 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:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana 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
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

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

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, 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-T 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 outstanding 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 signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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 letter 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 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-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 **Copying, 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 4506-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.