

Instrucciones para Completar el Formulario 4506-C del IRS

Instrucciones:

Utilice el formulario 4506-C publicado en el sitio web de CCFA con la información estándar previamente completada. Rellene electrónicamente (respuestas mecanografiadas) y firme a mano (firma manuscrita). Solamente rellene los campos indicados en el ejemplo que se muestra a continuación. Un ejemplo de tamaño completo se muestra en la página 2. Los campos resaltados deben ser llenados.

Campos resaltados en azul: debe ser relleno por el solicitante.

Campos resaltados en rosa: no cambie la información prellenado.

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return		OMB Number 1545-1872
Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit www.irs.gov and search IVES.				
1a. Current name		2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name Jane	ii. Middle initial W	iii. Last name/BMF company name Doe	i. Spouse's first name	ii. Middle initial iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 111-11-1111		2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a		2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)				
a. Street address (including apt., room, or suite no.) 123 ABC Street		b. City Fake City	c. State CA	d. ZIP code 94105
4. Previous address shown on the last return filed if different from line 3 (see instructions)				
a. Street address (including apt., room, or suite no.) 789 YXZ Street		b. City Fake City	c. State CA	d. ZIP code 94105
5a. IVES participant name, ID number, SOR mailbox ID, and address				
i. IVES participant name Veri-Tax LLC		ii. IVES participant ID number 0000301975	iii. SOR mailbox ID OGEN4506	
iv. Street address (including apt., room, or suite no.) 30 Executive Park Suite 200		v. City Irvine	vi. State CA	vii. ZIP code 92614
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))				
i. Client name Bay Area Air Quality Management Dis		ii. Telephone number (415) 749-5000		
iii. Street address (including apt., room, or suite no.) 375 Beale Street, Suite 600		iv. City San Francisco	v. State CA	vi. ZIP code 94105
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)				
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts				
1040				
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input checked="" type="checkbox"/>
7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>				
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.				
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers				
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>				
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)				
12 / 31 / 2022				
Caution: Do not sign this form unless all applicable lines have been completed.				
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.				
<input checked="" type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.				
Signature for Line 1a (see instructions) <i>Jane Doe</i>		Date 2/07/2022	Phone number of taxpayer on line 1a or 2a (555) 555-1234	
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name Jane Doe				
Title (if line 1a above is a corporation, partnership, estate, or trust)				
Spouse's signature (required if listed on Line 2a)		Date		
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name				

Hay un límite de caracteres en el nombre y apellido. Encaje lo mas que sea posible.

Ingrese su número de SSN o ITIN. Debe incluir guiones

Incluya un nombre anterior, si lo hay.

Es mejor incluir dos direcciones más recientes.

Deje las secciones 2a-2c en blanco aún si presentó una declaración conjunta.

No cambie la información prellenado. Si no usa el formulario prellenado, ingrese la información de la Oficina de Verificación y del Distrito de Aire como se muestra, ingrese "1040" en la sección 6 y marque la casilla 6.c únicamente.

La fecha final del año debe corresponder con el año fiscal notificado. Introduce solo una fecha.

La casilla debe estar marcada

Firma y coloque la fecha

Marque la casilla si está firmando un poder notarial. Debe incluir la documentación de su poder notarial con el formulario firmado.

Marque la casilla si el formulario es firmado electrónicamente.

El nombre del contribuyente en la sección 1 debe escribirse igual aquí.

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

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1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

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

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a	
	<i>Jane Doe</i>				
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)			Date	
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
Print/Type name					