How to Complete IRS Form 4506-C

Directions:

Use Form 4506-C posted on CCFA website with standard information pre-filled. Complete electronically (typed responses) and hand sign (wet signature). Only complete the fields noted in example below. A full size example is on page 2. Highlighted fields must be filled in.

Blue highlighted fields: must be filled in by applicant.

Pink highlighted fields: do not change pre-filled information.

<u>.</u>	Form 450 (October 20							-		
There is a character	Do not sign this form unless all applicable lines have been completed.									
limit on the first and	Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit <i>www.irs.gov</i> and search IVES.									
last name. Fit as	AS [1a. Current name 2a. Spouse's current name (<i>if joint return and transcripts are requested for both taxpayers</i>)									
much as you can.	I. First name	II. Middle initial	III. Last name/BMF company name		s first name	II. Middle initial			┨ ;	
<u></u>	Jane 1b. First taxpayer	identification number (see	Doe instructions)	2b. Spous	e's taxpayer identificati	ion number (if join	t return and	d transcripts are requested	Leave sections 2a-2c	
Enter SSN or ITIN.			blank even if joint							
Must include dashes.	1111-11-11 1c. Previous name		filed if different from line 1a	2c. Spous	2c. Spouse's previous name shown on the last return filed if different from line 2a				return filed.	
	I. First name	ii. Middle initial	iii. Last name	I. First nar		II. Middle initial	1			
Include a previous	3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)								_	
name, if any.	a. Street address	(including apt., room, or se		b. City c. State d. ZIP code			-			
nume, n'arry.	4. Previous address shown on the last return filed if different from line 3 (see instructions)				City	CA	9410	5	_	
	a. Street address (including apt., room, or suite no.)				2.98	c. State	d. ZIP co		-	
Best to include two	a. Street address (including apt., room, or suite no.) 789 YXZ Street 5a. IVES participant name, ID number, SOR mailbox ID, and address							5	_	
most recent	i. IVES participant			- 1						
addresses.	Veri-Tax L				301975	OGEN45			Do not change pre-	
••••••		<i>(including apt., room, or s</i> ive Park Suite 2		v. City Irvine		vi. State CA	vii. ZIP c 92614	4	filled information.	
	5b. Customer file i	number <i>(if applicable) (see</i>	e instructions)	5c. Unique	e identifier <i>(if applicable</i>) (see instruction:	;)		If not using pre-	
	5d. Client name, to	elephone number, and ad	dress (this field cannot be blank or not applica	ble (NA))					filled form, enter	
	I. Client name		207. martial					one number	Verification Bureau	
	Bay Area Air Quality Management Dis iii. Street address (including ept., room, or suite no.)				IV. City V.	v. State	(415) vi. ZIP co	749-5000	and Air District	
		Street, Suite 60			rancisco	CA	9410		info as shown,	
				insure that lines 5 through 8 are completed before signing. (see instructions)				enter "1040" in		
	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							section 6, and check box 6.c only.		
	a. Return Transcript D. Account Transcript C. Record of Account						J :			
		ome transcript (W-2, 1098	if no entry is made, all forms will be sent.						_	
<u>.</u>	TROP CONTRACTOR AND SHOWING SHO		ting the wage and income transcripts. If no bo	ov is checker	transcripts will be pro	wided for all listed	tavnavors		-	
Tax year end date	Line 1a		Line 2a	JA IS CHECKER	a, danscripts will be pro	vided for all listed	taxpayers			
must match tax year	a second second second		g date of the tax year or period using the mm	dd yyyy forn	nat (see instructions)				7	
reported. Only enter	12 / 31 /		1 1		1 1			I I	_	
one date.		•	plicable lines have been completed.	n line te er	ifannliachla lina 2a ar	a naraan authoris	ad to obtai	in the tay information	_	
Must be checked.	Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1 a or, if applicable, line 2 a, or a person authorized to obtain the tax information request applies to a joint return, at least one spouse must sign; however, if both spouses 'names and TINs are listed in lines 1 a or. This hord 2 are 2, 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.									
Must be checked.			the above attestation clause and upon so r	eading decl					<u>/</u>	
<u>.</u>		ture for Line 1a (see instr Jane Doe	ructions)		Date 2/07/2022	Phone num (555) 5		bayer on line 1a or 2a		
Sign and date.		/	/ an Authorized Representative		Signatory confirms	× /			Taxpayer's name in	
		Type name	an Authorized Representative			s document was e	lecuonical	ly signed	section 1 should be	
	Jane Doe								typed out the same	
Check box if Power of	Sign Title (if line 1a above is a corporation, partnership, estate, or trust)							here.		
Attorney (POA) is 🥖	Here	eele elemeture (er mined #	listed on Line Ool			Date			_	
signing. Must include	spous	se's signature (required if	isted on Liffe Zaj			Date				
POA documentation	Fe	orm 4506-C was signed by	an Authorized Representative	1	Signatory confirm	s document was e	lectronicall	ly signed	1	
with the signed form.	Print/1	Type name						and A - ang A	1	
	Catalog Number	72627P	www	.irs.gov			Form 4	506-C (Rev. 10-2022	2)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form 4506-C
(October 2022)

Department of the Treasury - Internal Revenue Service

IVES Request for Transcript of Tax Return

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

					, 					
1a. Curren			1		2a. Spou	se's current name (if join		cripts are requested for both taxpayers)		
i. First nan	ne	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 <i>(see instructions)</i>			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)							
1c Previo	us name shown	on the last return f	iled if different from line 1a		2c Spour	se's previous name show	vn on the last retu	Irn filed if different from line 2a		
i. First nan		ii. Middle initial	iii. Last name		i. First na	•	ii. Middle initial	iii. Last name		
1. 1 115t Hall	ile i		III. Last hame		1. I IISLIIA	ine				
• • •					, , , , , , , , , , , , , , , , , , ,					
	•		uite no.), city, state, and ZIP c	ode (see instru	· · · ·		-			
a. Street address (including apt., room, or suite no.)				b . City		c. State	d. ZIP code			
4. Previou	s address showr	on the last return	filed if different from line 3 (se	e instructions)						
a. Street address (including apt., room, or suite no.)					b. City c. State			d. ZIP code		
5a IVES r	articinant name	ID number SOR	mailbox ID, and address							
	•	ID Humber, SOI	maibox ib, and address					10		
I. IVES pa	i. IVES participant name				ii. IVES participant ID number iii. SOR mailbox ID					
iv. Street a	address <i>(includir</i>	g apt., room, or su	uite no.)		v. City		vi. State	vii. ZIP code		
5b. Custor	5b. Customer file number (if applicable) (see instructions)				5c. Unique identifier (if applicable) (see instructions)					
5d Client	name telenhone	number and add	ress (this field cannot be blanl	k or not applica	he (NA))					
i. Client na								ii. Telephone number		
iii. Street address (including apt., room, or suite no.)				iv. City	ity v. State		vi. ZIP code			
Caution: 7	This tax transcrip	t is being sent to th	he third party entered on Line	5a and/or 5d. E	nsure that	ines 5 through 8 are cor	npleted before sig	ning. (see instructions)		
6 Transci	rint requested	Enter the tax form	number bere (1040, 1065, 112	20 etc.) and ch	ock the ann	ropriate box below. Ente	ar only one tax for	m number per request for line 6		
transcrip				10, 010.) and on						
a. Return	Transcript		b. Account Transcript			c. Record of Account				
7. Wage a	nd Income tran	script (W-2, 1098	-E, 1099-G, etc.)							
a. Enter a	max of three for	n numbers here; if	f no entry is made, all forms wi	ill be sent.						
h Mork th	a abaakbay far t		ing the wage and income tree	oprinto. If no ho	v ia obooko	d transcripta will be prov	vided for all listed	toypovoro		
		axpayer(s) request	ing the wage and income trans		X IS CHECKE	u, transcripts will be pro-	nueu ior an iisteu	laxpayers		
Line 1a			Line 2a							
8. Year or	period requeste	d. Enter the ending	date of the tax year or period	using the mm	dd yyyy forr	mat (see instructions)				
1	1		/ /			/ /		/ /		
Coution: [, Do not aign this f		licable lines have been comple	otod		, ,		, ,		
		orni uniess all app	licable lines have been comple	eleu.						
								ed to obtain the tax information		
								a-1b and 2a-2b, both spouses must		
								ecutor, 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.									
<u> </u>		he/she has read	the above attestation clause	and upon so re	ading dec	ares that he/she has th	e authority to sig	n the Form 4506-C. See instructions.		
	Signature for	Line 1a (see instru	uctions)			Date	Phone num	ber of taxpayer on line 1a or 2a		
	Jane D	-				Dato				
	June v	66								
	Form 4506-C was signed by an Authorized Representative					Signatory confirms document was electronically signed				
	Print/Type name									
0.	Sign Title (if line 1a above is a corporation, partnership, estate, or trust)									
Sign Here										
I ICI C										
	Spouse's sign	ature (required if I	listea on Line 2a)				Date			
	Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed							lectronically signed		
	Print/Type name									

For Privacy Act and Paperwork Reduction Act Notice, see page 2.