

# 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.

There is a character limit on the first and last name. Fit as much as you can.

Enter SSN or ITIN. Must include dashes.

Include a previous name, if any.

Best to include two most recent addresses.

Tax year end date must match tax year reported. Only enter one date.

Must be checked.

Sign and date.

Check box if Power of Attorney (POA) is signing. Must include POA documentation with the signed form.

Leave sections 2a-2c blank even if joint return filed.

Do not change pre-filled information. If not using pre-filled form, enter Verification Bureau and Air District info as shown, enter "1040" in section 6, and check box 6.c only.

Check box if form is e-signed.

Taxpayer's name in section 1 should be typed out the same here.

Form <b>4506-C</b> (October 2022)		Department of the Treasury - Internal Revenue Service <b>IVES Request for Transcript of Tax Return</b>			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 <a href="http://www.irs.gov">www.irs.gov</a> and search IVES.						
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	
Jane	W	Doe				
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)			
111-11-1111						
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		
123 ABC Street		Fake City	CA	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.)		b. City	c. State	d. ZIP code		
789 YXZ Street		Fake City	CA	94105		
5a. IVES participant name, ID number, SOR mailbox ID, and address						
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID			
Veri-Tax LLC		0000301975	OGEN4506			
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code		
30 Executive Park Suite 200		Irvine	CA	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			ii. Telephone number			
Bay Area Air Quality Management Dis			(415) 749-5000			
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code	
375 Beale Street, Suite 600			San Francisco	CA	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"/>						
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)		Date	Phone number of taxpayer on line 1a or 2a			
Jane Doe		2/07/2022	(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						

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](http://www.irs.gov) and search IVES.

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

**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.**

<b>Sign Here</b>	<b>Signature for Line 1a</b> (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		
	<b>Print/Type name</b>				
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)				
	<b>Spouse's signature</b> (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			
<b>Print/Type name</b>					