

THE FRISCH SCHOOL   
ישיבת פריש  
The Henry & Esther Swieca Family Campus

February 2019

Dear Parents,

We recognize the difficulty that can be associated with meeting the cost of a yeshiva education and are committed to doing our best to meet your need. The Frisch School provides tuition assistance to families based upon documented need, as a supplement to family resources. Prior to completing an application for tuition assistance, we encourage you to evaluate carefully, your ability to pay school costs as we expect families to contribute to the educational cost of their child at the highest possible level given their economic situation. We understand that every application and need for tuition assistance is unique; however, please understand that certain discretionary spending on such items as vacations, trips, camps, house renovations, luxury cars, retirement contributions, etc., may adversely affect the decision on you application for tuition assistance.

When completing the attached Supplemental Application and online FACTS application, please take the necessary time to ensure that all questions are answered honestly and to the best of your ability. We understand that there is a great deal of detail in the application and it will take a significant amount of time to complete, but accuracy is vital to the Scholarship Committee's fair evaluation of your application. The Scholarship Committee reviews the entire application, including, but not limited to, the online FACTS application, this Supplemental Application, your tax returns and the required documents listed on page 2 of this Supplemental Application.

Please contact our financial coordinator, Russell Moskowitz, with any questions at 201.267.9100 ext. 274 or email [Russell.Moskowitz@frisch.org](mailto:Russell.Moskowitz@frisch.org).

We look forward to a wonderful year.

Sincerely,

*Ed Gerstley*

Ed Gerstley  
Director of Finance

**The Mordecai & Monique Katz Academic Building**

120 West Century Road Paramus NJ 07652

Phone 201-267-9100 · Fax 201-261-9342

Web [frisch.org](http://frisch.org) · [twitter.com/frischschool](https://twitter.com/frischschool) · [facebook.com/frischschool](https://facebook.com/frischschool) · email [information@frisch.org](mailto:information@frisch.org)

# THE FRISCH SCHOOL

The Mordecai & Monique Katz Academic Building  
120 W. Century Road  
Paramus, New Jersey 07652  
201.267.9100 x274



## The Henry & Esther Swieca Family Campus

Mail or hand deliver to: The Frisch School  
120 West Century Road  
Paramus, NJ 07652

Email to: Russell.moskowitz@frisch.org

### Supplemental Application for Tuition Assistance 2019-2020

**Due Date and Important Information:** Please remember that The Frisch School Tuition Assistance application must be completed by Monday, April 29, 2019. A complete application includes the completion of this supplemental application, including all the required documents on page 2, AND completion of the application on <https://online.factsmtg.com/signin/3FL9X>. Assistance is available for tuition only. All fees & assessments must be paid. All previous financial obligations must be met prior to final review of your application for tuition assistance. In the case of a divorced or separated family, both parents are required to apply for tuition assistance. If you have any questions concerning The Frisch School Application for Tuition Assistance and/or the financial aid process, please feel free to contact Russell Moskowitz at 201.267.9100 x274.

**The Frisch School requires that the full amount of tuition and fees be paid for each student, regardless of any cost-sharing arrangements between the parents of the student. While we endeavor to work with parents as much as possible, please note that Frisch is not bound by any divorce agreement specifying a parent's responsibility for educational expenses.**

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Name:	_____	_____
Relationship to Student:	_____	_____
Age:	_____	_____
Date of Birth:	_____	_____
Social Security #:	_____	_____
Address:	_____	_____
Home Tel:	_____	_____
Business Tel:	_____	_____
Cell:	_____	_____
Email:	_____	_____

**NOTE: SOCIAL SECURITY NUMBER(S) REQUIRED FOR CREDIT REPORT PURPOSES.**

I declare that the information reported on this form as well as all of the attachments, including tax returns and statements whether given verbally or in writing, made in connection with this application, to the best of my knowledge and belief, are true, correct, and complete. I understand that any and all of the information submitted herewith, as well as other information that The Frisch School may seek and/or obtain, **including Credit Reports from credit reporting agencies and/or copies of tax returns requested from the Internal Revenue Service**, will be utilized to determine the amount of our financial obligation for the academic year 2019-2020 and that such determination is the exclusive right of The Frisch School. I hereby consent to The Frisch School obtaining credit reports and copies or transcripts of our tax returns. **I agree to inform The Frisch School promptly in writing of any additional financial resources which may become available subsequent to the filing of this application.** I hereby acknowledge that the process for determining the amount, if any, of tuition assistance, is predicated on the complete and truthful responses to the inquiries made and that if at any time it is determined that my responses were not compliant with the above, tuition assistance may be discontinued and I may be compelled to reimburse The Frisch School for amounts previously awarded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**NOTE: ALL QUESTIONS ON ALL PAGES MUST BE ANSWERED.**

**1) STUDENT INFORMATION:**

**Name(s) of student(s) attending The Frisch School in Academic Year 2019-2020:**

\_\_\_\_\_ Grade as of Sept. 2019 \_\_\_\_\_  
\_\_\_\_\_ Grade as of Sept. 2019 \_\_\_\_\_  
\_\_\_\_\_ Grade as of Sept. 2019 \_\_\_\_\_

**DOCUMENTATION CHECKLIST**

**2a) All applicants must submit the following items to the business office. Write "N/A" if not applicable.**

- Submit, through FACTS, signed copies of your COMPLETE 2018 Federal Income Tax return as filed, including all W-2s, schedules and attachments plus any/all business returns, if applicable, for the applicant and co-applicant. Applicants who are unable to submit their complete scholarship application, including a copy of their tax returns as filed, are obligated for the payment of full tuition beginning in July 2019, until they have submitted the documents required by the scholarship process.**
- The completed online application at <https://online.factsmgt.com/signin/3FL9X>
- This completed Supplemental Application for Tuition Assistance.
- The completed Form 4506-T, Request for Transcript of Tax Return (attached to this Supplemental Application). Please complete Sections 1-5 and the "Sign Here" Section.
- Copy of all credit card transactions for each credit card **over the past 12 months**. Please remit a) each statement in this time frame, OR b) a list of each transaction, date, vendor and amount in this time frame.
- Copy of all checking and savings accounts transactions for all accounts **over the past 3 months**. Please remit a) each statement in this time frame, OR b) a list of each transaction, date, vendor and amount in this time frame.
- Copy of the most recent brokerage statements (mutual funds and stocks), IRA statements, 529 statements, 401k statements, etc.
- Copy of all non-Frisch scholarship award letters from the 2018-2019 academic year from any schools the applicants received a scholarship and/or tuition assistance.

\*\*\*\*\*  
**Only applicants who DID NOT submit a Frisch application for the 2018-2019 academic year are required to submit the documents included in Section 2b.**  
\*\*\*\*\*

**2b) If you submitted a Scholarship Application to The Frisch School for the 2018-2019 academic year, please proceed to question 3. If you did NOT complete a Scholarship Application to The Frisch School for the 2018-2019 academic year, IN ADDITION to the items above in Section 2a, please submit the following items to the Business Office. Write "N/A" if not applicable.**

- Copy of a recent Mortgage Statement for all properties you own, including, but not limited to your primary residence, secondary residence, time-share or business property.
- Copy of all leases for all properties and vehicles you rent or lease, including your primary residence, business property, automobiles, motorcycles, boats, etc.
- Copy of any and all mortgage applications that you have filed within the past three years.

**3) EMPLOYMENT INFORMATION:**

**APPLICANT'S CURRENT EMPLOYMENT STATUS:**  Employed  Unemployed  Retired  Self-employed

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long employed? \_\_\_\_\_ Current Position: \_\_\_\_\_

Are you an owner of this business? ( ) Yes ( ) No Are you related to the owner of this business? ( ) Yes ( ) No

Is anyone to whom you are related an owner of this business? ( ) Yes ( ) No *If yes, please describe:*

\_\_\_\_\_

**IF UNEMPLOYED or RETIRED NOW, or DISABLED, or EMPLOYED LESS THAN 2 YEARS, LIST PRIOR EMPLOYER:**

Name of prior employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_ - \_\_\_\_ Position: \_\_\_\_\_ Are you

currently or have you received severance pay in the past two years? If so, please provide details \_\_\_\_\_

At your prior employer, were you an owner or related to the owner of the business? ( ) Yes ( ) No If yes, please provide

details: \_\_\_\_\_

Are you currently receiving unemployment or disability insurance? \_\_\_\_\_ If so, how much do you receive weekly and

under current law, until when are you eligible to receive payments? \_\_\_\_\_

**CO-APPLICANT'S CURRENT EMPLOYMENT STATUS:**  Employed  Unemployed  Retired  Self-employed

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long employed? \_\_\_\_\_ Current Position: \_\_\_\_\_

Are you an owner of this business? ( ) Yes ( ) No Are you related to the owner of this business? ( ) Yes ( ) No

Is anyone to whom you are related an owner of this business? ( ) Yes ( ) No *If yes, please describe:*

\_\_\_\_\_

**IF UNEMPLOYED or RETIRED NOW, or DISABLED, or EMPLOYED LESS THAN 2 YEARS, LIST PRIOR EMPLOYER:**

Name of prior employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_ - \_\_\_\_ Position: \_\_\_\_\_ Are you

currently or have you received severance pay in the past two years? If so, please provide details \_\_\_\_\_

At your prior employer, were you an owner or related to the owner of the business? ( ) Yes ( ) No If yes, please provide

details: \_\_\_\_\_

Are you currently receiving unemployment or disability insurance? \_\_\_\_\_ If so, how much do you receive weekly and

under current law, until when are you eligible to receive payments? \_\_\_\_\_

**4) UNUSUAL CIRCUMSTANCES - PLEASE CHECK ALL THAT APPLY TO YOUR SITUATION IN THE PAST 12 MONTHS**

- Loss of job     Separation/divorce     Change in work status     Death in the family  
 Bankruptcy     Income reduction     Illness or injury     Other: \_\_\_\_\_

**5) How much do you estimate that you can pay to The Frisch School, not including registration, per student for the academic year 2019-2020? \$ \_\_\_\_\_ per student**

**6a) ASSETS - PLEASE LIST ALL FINANCIAL ASSETS OWNED BY THE APPLICANT AND CO-APPLICANT**

(If you require additional space, please continue in Section 12.) **Enter zero -0- or N/A if not applicable, do not leave blank.**

<i>Description of Asset</i>	<i>Current Value</i>	<i>Planned Contributions/Additions in 2019</i>
Cash, Checking & Savings Accounts	\$	N/A
Credit Card or other "Miles"/Cash Reward	\$	N/A
Stocks & Mutual Funds	\$	
IRA	\$	
401K / 403B	\$	
529 Fund	\$	
TIAA – CREF	\$	
Cash Value of Life Insurance	\$	N/A
House(s) Equity	\$	N/A
Business Equity	\$	N/A
Other:	\$	
Other:	\$	

**6b) LIABILITIES - PLEASE LIST ALL LIABILITIES OF THE APPLICANT AND CO-APPLICANT**

(If you require additional space, please continue in Section 12.)

<i>Name of Creditor</i>	<i>Description of Debt (e.g. mortgage, credit card, car loan, etc.)</i>	<i>Amount Owed as of _____</i>	<i>Monthly Payment</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Have you applied for a mortgage in the last 3 years? Yes/No

**7) PERSONAL AND BUSINESS REAL ESTATE OWNERSHIP** (If you require additional space, please continue in section 12)

**Please list all real estate owned by the applicant and/or co-applicant, including primary residence**

<i>Complete Address</i>	<i>Purchase Date</i>	<i>Purchase Price</i>	<i>Current Market Value</i>	<i>Current Equity</i>	<i>Primary Residence (Yes or No)</i>	<i>Rental Property (Yes or No)</i>	<i>Any Renovation or Construction (Yes or No)**</i>	<i>Applicant's Percent of Ownership*</i>
		\$	\$	\$				%
		\$	\$	\$				%
		\$	\$	\$				%

\*Ownership between people or entities, not including a bank (i.e. mortgage)

\*\*If you have ever done any construction or renovation to any of the above properties, please describe in section 12, in detail, including the address of the property, the date(s) of construction, the nature and cost of the work and the source of funding for the project(s).

**8) APPLICANT and CO-APPLICANT's ESTIMATED 2019 INCOME and EXPENSES:**

***All line-items must be completed. Enter zero -0- or N/A if not applicable, do not leave blank.***

**a) Please provide an estimate of the following items in 2019:**

Annual Income	Annual	Average Monthly Expenses**	Monthly
Gross Salaries / wages / bonuses (don't include Qualified Tuition Reduction payments in gross salaries)		Mortgage/rent, home equity loans, and property taxes	\$ _____
Applicant	\$ _____	Education (e.g. tuition <b>before tuition assistance</b> )	\$ _____
Co-applicant	\$ _____	Total other loan payments (e.g. school loan, bank)	\$ _____
Qualified Tuition Reduction (tuition paid via pre-tax dollars)	\$ _____	Child, baby and day-care expenses	\$ _____
Third party tuition payments (e.g. family / friends / shul)	\$ _____	Summer camp tuitions	\$ _____
Parsonage	\$ _____	Auto insurance	\$ _____
Rental income	\$ _____	Car loans/lease payments	\$ _____
Business income	\$ _____	Medical and dental expenses <b>not covered by insurance</b>	\$ _____
Non-taxable income	\$ _____	Cost of life insurance premiums	\$ _____
Alimony to be received	\$ _____	Other expenses for enrichment (including SAT prep, tutors)	\$ _____
Child support to be received	\$ _____	Gym/club memberships	\$ _____
Disability income	\$ _____	Cleaning/housekeeping services	\$ _____
Social Security benefits to be received	\$ _____	Landscaping	\$ _____
Pension and/or Required Minimum Distributions	\$ _____	Laundry and dry cleaning	\$ _____
Capital Gain/Loss	\$ _____	Entertainment	\$ _____
Dividend/Interest Income (from all sources)	\$ _____	Bar/Bat mitzvah, wedding	\$ _____
All investment income/losses	\$ _____	Pet costs (food, insurance, veterinary, medicine, etc.)	\$ _____
Tax refunds	\$ _____	Cost of disability insurance premiums	\$ _____
Housing, food, and other allowances	\$ _____	Credit cards payments towards past due balance	\$ _____
K-1 income, Income from partnerships, etc.	\$ _____	Donations / Tzedakah***	\$ _____
Credit Card Cash Rewards (last 12 months)	\$ _____	Other extraordinary expenses (e.g. parental care): _____	\$ _____
Other sources of income: _____ (please detail below)	\$ _____	Other extraordinary expenses (e.g. parental care): _____	\$ _____
<b>Total:</b>	\$ _____	Other extraordinary expenses (e.g. parental care): _____	\$ _____
		<b>Total:</b>	\$ _____

Please explain other source of income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain extraordinary expense(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Certain expenses have been intentionally omitted (e.g. groceries, utilities, clothing, transportation and cell phones). Please do not list these items.

\*\*\*Please provide detail in section 12 (names of charities, amounts, reason)

- b) Do you expect an unusual change in income or expenses in 2019? ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_
- c) Is the Applicant or Co-Applicant a participant in a Qualified Tuition Reduction Program (i.e. tuition paid via pre-tax dollars)?  
( ) Yes ( ) No If yes, please detail: \_\_\_\_\_
- d) Is the Applicant or Co-Applicant the beneficiary of any estate or trust? ( ) Yes ( ) No  
If yes, please detail: \_\_\_\_\_
- e) Does the Applicant or Co-Applicant have an ownership interest in any corporation, partnership, proprietorship, real estate entity or any other closely held business? ( ) Yes ( ) No. If yes, please detail: \_\_\_\_\_
- f) Did the applicant and co-applicant file a tax return (personal and/or business, if applicable) for each of the following years:  
2016  Yes  No If no, please explain: \_\_\_\_\_  
2017  Yes  No If no, please explain: \_\_\_\_\_  
2018  Yes  No If no, please explain: \_\_\_\_\_

**9) STUDENT(S) INCOME & ASSETS:**

- a) Did (or will) the student(s) file a Federal Income Tax return for 2018? ( ) NO ( ) YES  
(Attach copy of student's tax return and submit with this application).
- b) Are your dependent children beneficiaries of a Trust or defined annuity or UGMA/UTMA? ( ) NO ( ) YES  
(Attach copy of latest financial statement and tax return for the Trust(s)/Annuity and submit with this application).

**10) 3-YEAR HISTORY of TRIPS, VACATIONS and SUMMER ACTIVITIES**

***PLEASE LIST and DESCRIBE ALL TRIPS, VACATIONS and HOLIDAY TRAVEL (e.g., PESACH, SUKKOT, WINTER BREAKS, ETC.) DURING 2016, 2017, 2018 and 2019 TAKEN and/or PLANNED FOR 2019 or 2020 BY ANY FAMILY MEMBER. INCLUDE TRAVEL FOR SIMCHAS AND CHILDREN TRAVELING TO AND FROM ISRAEL***

<b><i>Destination</i></b>	<b><i>Dates of Trip /Holiday</i></b>	<b><i>Cost</i></b>	<b><i>Source of Funds (savings, relative, loan, etc.)</i></b>

# 11) DEPENDENT CHILDREN'S SCHOOL AND SUMMER HISTORY

Please provide all of the following for all dependent children.

If you require additional space, please continue in Section 12.

Name of Child					
Age					
Grade in '19-'20					
Name of Elementary School Attended(ing)					
Name of High School Attended(ing)					
Name of School in Israel Attended(ing)					
Name of College Attended(ing)					
Name of Graduate School Attended(ing)					
Name of Post-Graduate School (e.g. med school) Attended(ing)					
School information for '19-'20:					
<i>Name of School</i>					
<i>Tuition &amp; Fees Charged</i>	\$	\$	\$	\$	\$
<i>Applied for Aid</i>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
<i>Amount of Aid</i>	\$	\$	\$	\$	\$
<i>Lives with applicant</i>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
School information for '18-'19:					
<i>Name of School</i>					
<i>Tuition &amp; Fees Charged</i>	\$	\$	\$	\$	\$
<i>Financial Aid Award</i>	\$	\$	\$	\$	\$
<i>Loan (Government) for tuition</i>	\$	\$	\$	\$	\$
<i>Loan (Personal) for tuition</i>	\$	\$	\$	\$	\$
<i>Family or 3<sup>rd</sup> Party Gift for tuition</i>	\$	\$	\$	\$	\$
<i>Teacher/Faculty discount for tuition</i>	\$	\$	\$	\$	\$
2019 Summer Camp / Activity Planned					
<i>Name of Camp / Activity</i>					
<i>Tuition Charged</i>	\$	\$	\$	\$	\$
<i>Tuition Paid after Scholarship</i>	\$	\$	\$	\$	\$
2018 Summer Camp / Activity					
<i>Name of Camp / Activity</i>					
<i>Tuition Charged</i>	\$	\$	\$	\$	\$
<i>Tuition Paid after Scholarship</i>	\$	\$	\$	\$	\$
2017 Summer Camp /Activity					
<i>Name of Camp / Activity</i>					
<i>Tuition Charged</i>	\$	\$	\$	\$	\$
<i>Tuition Paid after Scholarship</i>	\$	\$	\$	\$	\$





**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](http://www.irs.gov/form4506t).**

**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](http://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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a</b> 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.	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**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.

|   /   /   |   /   /   |   /   /   |   /   /   |

**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.

<input type="checkbox"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
▶ <b>Signature</b> (see instructions)	Date
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
▶ <b>Spouse's signature</b>	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](http://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.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

## 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  855-587-9604
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  855-800-8105
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  855-821-0094

## 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  855-298-1145
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  855-800-8015

**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 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**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. 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 letters 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  
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.