🛆 Interfirst

How to Complete the 4506-C IVES Request for Transcript of Tax Return

1a. Enter the current first, middle initial, and last name of the	Form 4506-C Department of the Treasury - Internal Revenue Service OMB Number 1545-1872								2a. If filed jointly and transcripts are requested for both taxpayers; enter the				
requested taxpayer	Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible.										current first, middle initial, and last name of the spouse. Leave blank		
1b. Enter the SSN	For more information about Form 4506-C, visit www.irs.gov and search IVES.									if the spouse is not on			
for the person in	1a. Current name 2a. Spouse's current name (if joint return and transcripts a								cripts are re	quested for both taxpayers)	the loan.		
box 1a.	i. First na		ii. Middle initial	iii. Last name/BMF company	name	i. Spouse	's first name	ii. Middle initial	iii. Spous	e's last name	2b. If applicable, enter the spouse's SSN		
1c. Enter the previous name as shown on the last tax return if it s different than box 1a.	1b. First taxpayer identification number (see instructions)					2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)				2c. Enter the spouse's			
	1c. Previo	us name shown	on the last return f	led if different from line 1a		2c. Spouse's previous name shown on the last return filed if different from line 2a				previous name as			
	i. First na		ii. Middle initial iii. Last name			i. First na	me	ii. Middle initial	iii. Last na	ame	shown on the last tax return if different than box 2a.		
	 Current address (including apr., room, or suite no.), city, state, and ZIP code (see instructions) 										box 2a.		
3. Enter the current address of the person(s) listed in box 1a and 2a.	a. Street address (including apt., room, or suite no.) b. City c. State d. ZIP code										1		
											1		
	 Previous address shown on the last return filed if different from line 3 (see instructions) Street address (instruction and return or quite as) 							01-1-	1.70		1		
	a. Street address (including apt., room, or suite no.) b. City c. State d. ZIP code												
4. Enter the address										5a. Veritax or DV			
shown on the last	5a. IVES participant name, ID number, SOR mailbox ID, and address					a ween	articipant ID number	III. SOR mailhe			information		
iled tax return if	i. IVES participant name					IN IVEOD	and part to number	iii. SOR mailbox ID					
different than box 3.	iv. Street address (including apt., room, or suite no.)					v. City		vi State	vi. State vii. ZIP code				
	IV. Suber	address (mobile	ng apit, room, or so	ne no.)		V. Ony		VI. State	VII. ZIF U				
5b. Enter the IMC loan	5b. Custo	mer file number	(if applicable) (see instructions)			Sc. Uniqu	e identifier (if applicable	e) (see instruction	e)		Co. Loosus blank		
number							,,	,,			5c. Leave blank		
	5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))												
	i. Client name									one number	5d. Interfirst, our		
											address, and phone		
	iii. Street	address (includi	ng apt., room, or su	ite no.)		iv. City		v. State	vi. ZIP co	de	number		
6. Enter the tax													
form number (1040)	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)												
and check box 6a	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												
for Return Transcript	transcripts												
											1		
	a. Refurm Transcript X b. Account Transcript c. Record of Account												
7. Leave blank	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.												
											1		
8. Enter the end	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												
date(s) of the tax	Line 1a Line 2a												
return or period	8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)										1		
requested in													
mm/dd/yyyy format.	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 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,												
Signature attestation	sign the request, it signed by a corporate onicer, a percent or more snareholder, partner, managing memoer, guaruan, tax maters partner, executor, receiver, administatior, erusee, or party other than the taxpayer, I certify that I have the authority to execute Form 4508-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the										1		
box must be checked	signature date.												
	Sign:	atory attests the	t he/she has read	the above attestation clause a	and upon so re	ading decl	lares that he/she has th	he authority to sig	gn the Form	4506-C. See instructions.	If the form has been		
The form must be			Line 1a (see instru				Date			ayer on line 1a or 2a	electronically signed,		
signed and dated by		+									the box must be checked to confirm it		
the person in box 1a	T	Form 450	6-C was signed by	-C was signed by an Authorized Representative			Signatory confirms document wa		s electronically signed		was electronically		
and 2a, if applicable. The form										signed.			
must be signed													
within 120 days.		The of face to show is a companying and ambig actival											
	-	Sign Title (if line 1a above is a corporation, partnership, estate, or trust)											
	nere										1		
		Spouse's signature (required if listed on Line 2a)						Date					
		Form 4506-C was signed by an Authorized Representative Signatory confirms document was elect							electronically	y signed			
		Print/Type name											
	Catalog Number 72627P www.irs.gov Form 4506-C (Rev. 5-2022)										*		
	Catalog Number 72627P www.irs.gov Form 4506-C (Rev. 5-202 For Privacy Act and Paperwork Reduction Act Notice, see page 2.												
											1		
	Other Tips												
	-Signatures are required for any taxpayer listed. Only list a spouse if their own transcripts will be requested and they will be signing the request. Forms with missing signatures will be rejected. -Authorized Representatives signing for the taxpayer(s) listed on Line 1a and/or 2a are required to check the "Form 4506-C was signed by an Authorized Representative" box. See instructions for more information on an Authorized Representative. Forms signed by an Authorized Representative without this box marked will be rejected.									ted and they will			
										nicolly ciano-"			
	- axp	-Taxpayers that sign electronically are required to check the "Signatory confirms document was electronically signed"											
	UUX. F	box. Forms signed with an electronic signature without this box marked will be rejected.									I.		

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