



Please complete the residential home loan application and accompanying disclosures. Return the packet to any convenient location of Citizens State Bank. In addition, we ask you to, but you are not required to do so at this time, provide the following documents as applicable:

- Two most recent year-to-date pay stubs for each borrower (one month history), if applicable
- Most recent W-2 statement for each borrower, if applicable
- Most recent 2 years federal tax return with all schedules for self employed borrower only-(includes borrower(s) with rental and commissioned income)
- Social security award statement-received December of prior year or 1099 social security year end statement, if applicable
- Most recent pension, or retirement fund statement and account statement where funds are deposited, if applicable

Additional required documents/information, if applicable:

- Copy of title insurance policy, abstract or legal description of subject property
- Copy of home owner's insurance agency and agent's name and binder with annual premium paid receipt due approximately 1 week prior to closing.
- Most recent copy of monthly account statement for all deposit accounts. (checking, savings, MMDA, other investments, etc.
- Signed offer to purchase (signed by all parties, including counter offers), if applicable
- Recent deposit account statement or investment account statement to cover down payment amount, initial escrow balance or closing costs, if paying items out of pocket.
- Itemization of all construction costs along with subcontractor information, if applicable
- Floor plan of proposed home and contact information for general contractor, if applicable

Shared/Application packets folder as Document Request List

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower		Co-Borrower	
I. TYPE OF MORTGAGE AND TERMS OF LOAN			
Mortgage Applied for:	<input type="checkbox"/> VA <input type="checkbox"/> FHA	<input type="checkbox"/> Conventional <input type="checkbox"/> USDA/Rural Housing Service	<input type="checkbox"/> Other (explain):
Agency Case Number		Lender Case Number	
Amount \$	Interest Rate %	No. of Months	Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state & ZIP)		No. of Units
Legal Description of Subject Property (attach description if necessary)		Year Built
Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent		Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
<i>Complete this line if construction or construction-permanent loan.</i>		
Year Lot Acquired	Original Cost \$	Amount Existing Liens \$
	(a) Present Value of Lot \$	(b) Cost of Improvements \$
Total of (a+b) \$		
<i>Complete this line if this is a refinance loan.</i>		
Year Acquired	Original Cost \$	Amount Existing Liens \$
Purpose of Refinance		Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made
		Cost: \$
Title will be held in what Name(s)		Manner in which Title will be held
		Estate will be held in: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)		

III. BORROWER INFORMATION

Borrower				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security Number	Home Phone (incl. area code)	DOB (MM/DD/YYYY)	Yrs. School	Social Security Number	Home Phone (incl. area code)	DOB (MM/DD/YYYY)	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Dependents (not listed by Co-Borrower) no. ages			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Dependents (not listed by Borrower) no. ages		
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address			
<i>If residing at present address for less than two years, complete the following:</i>							
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			

IV. EMPLOYMENT INFORMATION

Borrower				Co-Borrower			
Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job
			Yrs. employed in this line of work/profession				Yrs. employed in this line of work/profession
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>							
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates (from-to)	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates (from-to)
			Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)	
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates (from-to)	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates (from-to)
			Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)	

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn Dues.		
				Other:		
Total	\$	\$	\$	Total	\$	\$

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income B/C	Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.	Monthly Amount
		\$

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.
Completed Jointly Not Jointly

ASSETS	Cash or Market Value	LIABILITIES		
Description		Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:	\$		\$ Payment/Months	\$
<i>List checking and savings accounts below</i>				
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and address of Company	\$ Payment/Months	\$
Stocks & Bonds (Company name/number description)	\$	Acct. no.		
Life Insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$
Face amount: \$		Acct. no.		
Subtotal Liquid Assets	\$	Name and address of Company	\$ Payment/Months	\$
Real Estate owned (enter market value from schedule of real estate owned)	\$	Acct. no.		
Vested interest in retirement fund	\$	Name and address of Company	\$ Payment/Months	\$
Net Worth of business(es) owned (attach financial statement)	\$	Acct. no.		
Automobiles owned (make and year)	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
Other Assets (itemize)	\$	Job Related Expenses (child care, union dues, etc.)	\$	
		Total Monthly Payments	\$	
Total Assets a.	\$	Net Worth (a minus b)	\$	Total Liabilities b.

CONTINUATION SHEET / RESIDENTIAL LOAN APPLICATION

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark **B** for Borrower or **C** for Co-Borrower.

Borrower:

Agency Case Number:

Co-Borrower:

Lender Case Number:

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature

Date

Co-Borrower's Signature

Date

X

X

**INFORMATION REQUESTED FOR
 GOVERNMENT MONITORING PURPOSES**

This request for information relates to an application made by _____

_____ to _____
 for a loan in the sum of \$ _____, dated _____, for property located at

STREET CITY STATE ZIP CODE

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal Law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do

so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation, or surname. If you do not wish to provide some or all of this information, please check below.

APPLICANT

Ethnicity: - Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino - *Print Origin:* _____

For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Race: - Check one or more

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:* _____
 Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian - *Print race:* _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander - *Print race:* _____

For example: Fijian, Tongan, and so on.

- White
 I do not wish to provide this information

- Sex** Female Male
 I do not wish to provide this information

- Marital Status** Married Separated
 Unmarried (inc. single, divorced, widowed)

Age Years _____

CO-APPLICANT

Ethnicity: - Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino - *Print origin:* _____

For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Race: - Check one or more

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:* _____
 Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian - *Print race:* _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander - *Print race:* _____

For example: Fijian, Tongan, and so on.

- White
 I do not wish to provide this information

- Sex** Female Male
 I do not wish to provide this information

- Marital Status** Married Separated
 Unmarried (inc. single, divorced, widowed)

Age Years _____

To Be Completed by Financial Institution (for application taken in person):

Was the ethnicity of the Applicant collected on the basis of visual observation or surname?
 YES NO

Was the race of the Applicant collected on the basis of visual observation or surname?
 YES NO

Was the sex of the Applicant collected on the basis of visual observation or surname?
 YES NO

Was the ethnicity of the Co-Applicant collected on the basis of visual observation or surname?
 YES NO

Was the race of the Co-Applicant collected on the basis of visual observation or surname?
 YES NO

Was the sex of the Co-Applicant collected on the basis of visual observation or surname?
 YES NO

(ADDRESS OF APPLICANT)

(ADDRESS OF CO-APPLICANT, IF DIFFERENT)

FACT ACT ADDENDUM TO UNIFORM RESIDENTIAL LOAN APPLICATION

Applicants: _____

This Addendum supplements and is made a part of the attached Uniform Residential Loan Application.

We acknowledge that income from medical insurance, disability or wage continuation insurance need not be revealed in the description of other income on page 2 of the Uniform Residential Loan Application unless we choose to have it considered as a basis for repaying this loan.

The extent to which parties may verify, reverify or obtain any information or data relating to the Loan according to the Acknowledgement on page 3 of the Uniform Residential Loan Application may be limited by applicable Federal Law.

Dated _____

Applicant Signature

Co-Applicant Signature

ADDENDUM TO UNIFORM RESIDENTIAL LOAN APPLICATION

Yes

No

Does the subject property include a manufactured home?

Year _____ Make _____ Model _____

Is the owner of the real estate where the manufactured home is located also the borrower?

If applicable, complete the following: Owner of real estate: _____

Park Name _____ Township _____ Lot rent \$ _____

Does the subject property include more than one tax parcel?

If yes, describe the subject property pledged as collateral: _____

Does the subject property contain more than 1 acre of land?

Lot size or acreage _____

Does the subject property contain any outbuildings?

How many? _____ Describe: _____

Is there a lien on the subject property? Land contract, mortgage, County block grant/no-interest loan (circle all that apply)

List the contact information where financing was obtained. (Name, address, phone no., account no.)

Is the subject property located near a river or lake?

Does the monthly payment include an escrow payment? Real estate taxes - Home ins. - Association dues (Circle all that apply)

Current and previous landlord contact information: (Name, address, phone no.) _____

Realtor and/or Seller information: (Company name, agent name, phone, email, other)

Borrower(s) preferred method for contact: (List all that apply)

Phone:

work, home or cell (Circle one)

Text: Yes or No (Circle one)

Email:

Citizens State Bank
304 N. Main Street
Cadott, WI 54727
(Name and Address of Lender)

NOTICE REGARDING YOUR LOAN APPLICATION

The following information relates to your application submitted to the Lender for a home mortgage loan.

1. If checked, any application fee or other charge paid by you in connection with your loan application is not refundable if the application is denied or the loan is not closed for any reason.
2. The terms of any agreement by the Lender to make the loan, including, but not limited to, the interest rate and any fees charged in connection with the loan, are fixed through the agreed date of the loan closing, which is _____.
 If checked and the loan is not closed on or before the agreed date of the loan closing, the Lender may change the terms of its agreement to make the loan. The specific terms which the Lender may change include the interest rate _____.

If you have any questions regarding this Notice or your application, please contact any officer at any location (telephone no. (715) 289-4253) at the Lender.

The undersigned acknowledge receipt of a copy of this Notice.

_____	_____
Date	Signature
_____	_____
Date	Signature
_____	_____
Date	Signature
_____	_____
Date	Signature



AUTHORIZATION

I HEREBY AUTHORIZE CITIZENS STATE BANK, "THE LENDER", TO VERIFY MY PAST AND PRESENT EMPLOYMENT EARNINGS RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSET BALANCES THAT ARE NEEDED TO PROCESS MY MORTGAGE LOAN APPLICATION. I FURTHER AUTHORIZE LENDER TO REQUEST A CONSUMER CREDIT REPORT AND VERIFY OTHER CREDIT INFORMATION, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT MORTGAGE AND LANDLORD REFERENCES. IT IS UNDERSTOOD THAT A PHOTOCOPY OF THIS FORM WILL SERVE AS AN AUTHORIZATION.

THIS INFORMATION THE LENDER OBTAINS IS ONLY TO BE USED IN THE PROCESSING OF MY MORTGAGE LOAN APPLICATION.

BORROWER

DATE

CO-BORROWER

DATE

Insurance and Escrow

Borrower Name(s): _____ Property Address: _____

At a minimum, the insurable improvements on the Mortgaged Premises must be insured for loss or damage from fire, lightning and other perils (windstorm, hail, explosion, riot, civil commotion, damage by aircraft, damage by vehicles and damage by smoke) covered within the scope of standard extended coverage. If any of the preceding perils (e.g., windstorm) is excluded from the primary insurance policy, coverage of the excluded peril must be picked up through a secondary insurance policy such as may be written by a state insurance pool. The insurance limits must at least equal the higher of:

- The unpaid principal balance of the Mortgage up to the replacement cost of the insurable improvements, even when the unpaid principal balance of the Mortgage exceeds such replacement cost.
- 80 percent of the full replacement cost of the insurable improvements

The insured must maintain adequate insurance coverage even when the improvements are vacant or unoccupied and must notify all insurers of any such change in occupancy in order to preserve the rights as mortgagee under the applicable insurance policy. The deductible for fire, water (not caused by flooding) or wind damage to the insured improvements (generally designated as "dwelling" in the insurance policy) may not exceed 5 percent of the limit maintained for dwelling coverage.

If the insurable improvements on the Mortgaged Premises is located in an area that has been identified as a Special Flood Hazard Area on a flood map of FEMA, the insured must ensure that flood insurance is obtained and maintained on such improvements for the term of the Mortgage. The terms and conditions of the flood insurance coverage must be at least equivalent to the terms and conditions of coverage provided under the standard policy of the National Flood Insurance Program (NFIP) for the type of improvements insured.

My Insurance Agency: _____

Phone # _____ Fax # _____

My Annual Premium is \$ _____ Due Date of Annual Premium ____/____/____

I authorize my agent to change the 1st Mortgagee clause effective ____/____/____

To: Citizens State Bank, ISAOA
PO Box 66
Cadott, WI 54727-0066
Telephone (715) 289-4253

Additionally, I have a second mortgage to: _____

I authorize my insurance agent to fax a binder to Citizens State Bank (715) 289-3726

Escrow may be required under certain loan programs.

I authorize Citizens State Bank to escrow for the following items:

Homeowner's insurance

Real Estate Property Taxes: I direct the financial institution to disburse my real estate tax escrow funds by: [choose 1 of 3]:

- Sending me an escrow check for the entire tax bill amount due from escrow funds by December 20th. The escrow check will be payable to me and the municipality. I agree to provide the financial institution a receipt for taxes paid by March 31st.
- Paying directly to the municipality, the entire year tax bill amount by December 31st
- Paying the property taxes bill amount when due directly to the municipality, by either: [choose one]
 - Paying not in installments, but pay the entire tax bill amount by January 31st.
 - Paying in installments, the 1st half by January 31st & remaining half by July 31st, or

I do not wish to escrow for any payments.

Flood insurance, if applicable, will require an escrow account.

Private Mortgage Insurance, if applicable, will require and escrow account. Premiums will be disbursed monthly.

I prefer any excess escrow funds, as determined by an annual escrow analysis, be returned to me by: depositing the funds to my deposit account with Citizens State Bank, applying the funds to the principal balance of my loan or mail me the funds. Please note any excess escrow funds cashier's check not presented for payment within 6 months of issue will be voided and the amount of excess escrow funds will be applied to the principal balance of your loan.

X _____ Date: _____ X _____ Date: _____
Borrower Co-Borrower

MORTGAGE LIFE INSURANCE and DISABILITY INCOME

Citizens State Bank offers Mortgage Life and Disability Insurance plans. Group mortgage protection is designed specifically to protect your customers' loans. Each plan is available for residential mortgages only. The optional disability coverage is designed to make the monthly mortgage payment in the event of a disability resulting from illness or injury.

COVERAGE	LIFE [single & joint]	DISABILITY [single & joint]
INSURANCE COMPANY	Plateau	Plateau
AMOUNT OF INSURANCE	Minimum: \$10,000 Maximum \$250,000	Minimum \$100 Maximum: \$1,500
ISSUE AGE	Ages 18-69	Ages 18-59
TERMINATION AGE	Coverage terminates at age 75.	Coverage terminates at age 65.
TERM OF COVERAGE/ BENEFIT PERIOD	5-30 years	Age 18-49 3 Years per Occurrence Age 50-54 2 Years per Occurrence Age 55-64 1 Year per Occurrence Waiting period: 30 Day Non Retro
UNDERWRITING GUIDELINES/ ELIGIBILITY	Complete health questions 1,2,3 on the application.	Complete additional health questions 4 & 5 on the application. Applicant must be employed for profit for 30 hours or more per week.
UNDERWRITING LIMITS	Paramedical required when life benefits exceed: Age 18-39 \$150,000 Age 40-49 \$100,000 Age 50-69 \$ 40,000	Paramedical required when disability benefits exceed: Age 18-39 \$1,000 Age 40-49 \$ 750 Age 50-59 \$ 500
EXCLUSIONS	Suicide within one year of the effective date of insurance	Self-inflicted bodily injury or attempted suicide Normal pregnancy or childbirth War or an act of war Pre-existing condition (6X6) Participation in criminal offense or while confined in a penal institution or other house of correction

NOTES Tobacco and Non-tobacco rates available. For joint coverage, if one applicant is a tobacco user, tobacco rates must be used.
To calculate joint rates, use age of older applicant
Premiums may be escrowed or ACH transfer
Cost of insurance remains constant throughout loan term

This is a summary of the provisions of coverage and is not a contract. Terms and conditions are set forth in the group policy and certificate of insurance.

Premium contributions are waived during the time disability income benefits are being paid. Premiums, based on the customer's age at the time of entry into the plan, remain constant during enrollment.

The following information applies to any mortgage life and disability insurance product that Lender or Lender's affiliates solicit the sale of, or that Lender or Lender's affiliates offer to sell to you:

- 1. Mortgage life and disability insurance is not a deposit.**
- 2. Mortgage life and disability insurance is not an obligation of, or guaranteed or insured by Lender or Lender's affiliates.**
- 3. Mortgage life and disability insurance is not insured by the Federal Deposit Corporation (FDIC) or any other agency of the United States.**
- 4. Lender may not condition an extension of credit to you on either: (1) Your purchase of an insurance product from Lender or any of Lender's affiliates; or (2) Your agreement not to obtain, or a prohibition of your obtaining an insurance product from an entity that is not affiliated with Lender.**

_____ I want the life Insurance _____ I want the disability Insurance _____ I do not want an Insurance Plan

X _____ X _____

Date ____/____/____

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.**

OMB No. 1545-1872

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 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.

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

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.

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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.

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. See instructions.

	Phone number of taxpayer on line 1a or 2a
--	-------------------------------------------

Sign Here

▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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
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
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 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
Tax Forms 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.