



City of Falls Church  
**AFFORDABLE DWELLING UNIT (ADU) PROGRAM**

**Consent and Release Form**  
**Housing and Human Services**

300 Park Avenue, Room G-04, Falls Church, Virginia 22046

Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS)

Your signature on this Affordable Dwelling Unit (ADU) Program Consent and Release form authorizes the above-named organization to obtain information from a third party relative to your eligibility for participation in the ADU program.

\_\_\_\_\_, authorize  
(Printed full name of consenting person)

Housing and Human Services for the City of Falls Church to obtain information about me and my household that is pertinent to eligibility for participation in the ADU Program.

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Birth Date)

**Inquiries may be made about items mentioned below:**

Yes No

- Application Information
- Financial Information
- Benefits/Services Needed  
Planned, and/or Received

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Authorization is valid for one year from the date of signature, unless the individual specifies an expiration date, event or condition that will occur prior to one year from the date of signature.

I acknowledge that (1) a photocopy of this form is as valid as the original, (2) I have the right to know what information about me has been shared, and why, when, and with whom it was shared, (3) If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5005, (TTY 711)



**City of Falls Church  
AFFORDABLE DWELLING UNIT PROGRAM  
(PURCHASE ONLY)  
FIRST-TIME HOMEBUYER STATEMENT  
Housing and Human Services**

300 Park Avenue, Room G-04, Falls Church, Virginia 22046

Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS) Email: [hhsinfo@fallschurchva.gov](mailto:hhsinfo@fallschurchva.gov)

**Instruction:** *Do not sign prior to notary stamp.*

I \_\_\_\_\_ hereby certify that I do not currently own a home  
(Print Name)

nor have I owned a home within the last three years.

By: \_\_\_\_\_  
Signature Date

In the City/County of \_\_\_\_\_ COMMONWEALTH/STATE OF \_\_\_\_\_, TO

WIT:

Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

by \_\_\_\_\_ Notary Registration Number: \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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City of Falls Church  
**AFFORDABLE DWELLING UNIT PROGRAM**  
**HOUSEHOLD COMPOSITION STATEMENT**

**Housing and Human Services**

300 Park Avenue, Room G-04, Falls Church, Virginia 22046

Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS) Email: [hhsinfo@fallschurchva.gov](mailto:hhsinfo@fallschurchva.gov)

**Instruction:** *Do not sign prior to notary stamp.*

I/We \_\_\_\_\_ and \_\_\_\_\_  
(Print Applicant Name) (Print Co-Applicant Name)

hereby certify that I/we are currently living separately but will be residing in the Affordable Dwelling Unit together with the following people:

_____	_____
(Print Name)	(Relationship)
_____	_____
(Print Name)	(Relationship)

By: _____	_____	_____
Signature	Print Name	Date
By: _____	_____	_____
Signature	Print Name	Date
By: _____	_____	_____
Signature	Print Name	Date

In the City/County of \_\_\_\_\_ COMMONWEALTH/STATE OF \_\_\_\_\_, TO

WIT: Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

By (Notary) \_\_\_\_\_ Notary Registration Number: \_\_\_\_\_:

My Commission Expires: \_\_\_\_\_

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City of Falls Church  
**AFFORDABLE DWELLING UNIT PROGRAM  
UNEMPLOYMENT STATEMENT**

**Housing and Human Services**

300 Park Avenue, Room G04, Falls Church, Virginia 22046

Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS) Email: [hhsinfo@fallschurchva.gov](mailto:hhsinfo@fallschurchva.gov)

**Instruction:** *Do not sign prior to notary stamp.*

I \_\_\_\_\_ hereby certify that I am currently not earning any  
(Print Name)

income and I am unemployed. I have not earned income/been unemployed from \_\_\_\_\_ to \_\_\_\_\_.

By: \_\_\_\_\_  
Signature Print Name Date

In the City/County of \_\_\_\_\_ COMMONWEALTH/STATE OF \_\_\_\_\_, TO

WIT:

Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

by \_\_\_\_\_ Notary Registration Number: \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



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**City of Falls Church**  
**AFFORDABLE DWELLING UNIT PROGRAM**  
**(PURCHASE ONLY)**

**Housing and Human Services**

300 Park Avenue, Room G-04, Falls Church, Virginia 22046

Tel: 703-248-5005, TTY 711, Fax: 703-248-5149

Website: [www.fallschurchva.gov](http://www.fallschurchva.gov) Email: [hhsinfo@fallschurchva.gov](mailto:hhsinfo@fallschurchva.gov)

**VERIFICATION OF DISABILITY**

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**DATE:** \_\_\_\_\_

**SUBJECT:** Verification of Disability

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

=====

**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1.  YES     NO    Has a disability, as defined in 42 U.S.C. 423, which means;
- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  - b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. \_\_\_YES \_\_\_NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. \_\_\_YES \_\_\_NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial function limitation in three or more of the following areas of major life activity:
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and\
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4. \_\_\_YES \_\_\_NO

Is the above a person who's disability is based solely on any drug or alcohol dependence.

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\_\_\_\_\_  
Name and Title of Person Supplying Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Policy of Non-Discrimination on the Basis of Disability

The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operation of its services, programs, or activities. Cindy Mester, 300 Park Avenue, Falls Church, Virginia, has been designated to coordinate compliance with the ADA non-discrimination requirements. The City of Falls Church complies with the Americans with Disabilities Act. This document will be made available in an alternate format upon request. Call 703.248-5005, (TTY 711)



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Affordable Dwelling Unit Program  
Housing and Human Services

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Tel: 703-248-5005, TTY 711, Fax: 703-248-5149  
Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS)

Verification of Employment from Employer

This program requires us to verify Employment Income of all members of the household applying for participation in the ADU program. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status for the household

**RELEASE:** I \_\_\_\_\_ (print applicant's name) hereby authorize the release of the requested information.

\_\_\_\_\_  
Date: \_\_\_\_\_

(Signature of Applicant)

=====

**EMPLOYER INFORMATION:**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_

Employed Since: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \_\_\_\_\_ Effective date of last increase: \_\_\_\_\_

**Base Pay Rate:**

\$ \_\_\_\_/Hour: or \$ \_\_\_\_/Week; or \$ \_\_\_\_/Month  
Average hours/week at base pay rate: \_\_\_\_\_ Hours  
No. weeks \_\_\_\_\_; or No. weeks \_\_\_\_\_ worked/Year  
Overtime pay rate: \$ \_\_\_\_/Hour  
Expected number of hours overtime for the next 12 months \_\_\_\_\_  
Any other compensation not include above (specify for commissions, bonuses, tips etc.)  
For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
Is pay received for vacation?  Yes  No If Yes, no. of days per year \_\_\_\_\_  
Total base pay earnings for past 12 months \$ \_\_\_\_\_  
Total overtime earnings for past 12 months \$ \_\_\_\_\_  
Probability and expected date of any pay increase: \_\_\_\_\_  
Does the employee have access to a retirement account?  Yes  No  
If Yes, what amount can they get access to: \$ \_\_\_\_\_

Signature of \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_ Phone: \_\_\_\_\_



Information furnished to the City of Falls Church Housing and Human Services will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, Section 2.1.340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended. Please allow seven (7) working days for preparation of materials. The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703-248-5005, (TTY 711).





**City of Falls Church  
Affordable Dwelling Unit Program  
Housing and Human Services**

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Tel: 703-248-5005, TTY 711, Fax: 703-248-5149  
Website: [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS)

**VERIFICATION OF INCOME FROM BUSINESS**

This program requires us to verify Employment Income of all members of the household applying for participation in the ADU program, which we operate and we will re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status.

**Your prompt return of the requested information will be appreciated.**

RELEASE:

Name of Participant : I \_\_\_\_\_ hereby authorize the release of the requested information.

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

Date: \_\_\_\_\_

**Based on business transacted from \_\_\_\_\_ to \_\_\_\_\_**

<b>Gross Income:</b>	\$
<b>Expenses:</b>	
(a) Interest on Loans	\$
(b) Cost of goods/materials	\$
(c) Rent	\$
(d) Utilities	\$
(e) Wages/Salaries	\$
(f) Employee contributions	\$
(g) Federal withholding tax	\$
(h) State withholding tax	\$
(i) FICA	\$
(j) Sales tax	\$
(k) Other: (please list)	\$
-	\$
-	\$

-	\$
(I) Straight line depreciation	\$
Total Expense:	\$
<b>Net Income</b>	\$

Signature of \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Information furnished to the City of Falls Church Housing and Human Services will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, Section 2.1.340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia Sections, 2.1-377 through 386, as amended. Please allow seven (7) working days for preparation of materials. The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5005, (TTY 711)

## Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **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 Transcript of Your Tax Records" 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>5</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.	

**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 1120A, Form 1120H, Form 1120L, 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, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ 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](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.

**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](http://IRS.gov) and click on "Get Transcript of Your Tax Records" 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
	512-460-2272
	559-456-7227
	816-292-6102

**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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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
	801-620-6922
	859-669-3592

**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 address 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. If you completed line 5 requesting the information be sent to a third party, 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.

**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.

**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.

**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.