

Emerson Financial

Your Mortgage Professionals

BUILDING YOUR LOAN REQUEST

Here are the forms necessary to apply for real estate financing. Please complete and sign them as indicated, and return them to our office with the following items for each borrower:



Employed Individuals:

- W-2 forms for 2010 and 2011
- Two (2) most recent paystubs

Self-Employed Individuals:

- Federal Income Tax Returns for 2010 and 2011
- Year-to-date Profit & Loss Statement

For Purchases:

- Copy of purchase agreement

All Borrowers:

- Copy of most recent two months of statements for all bank and brokerage accounts including 401k, IRA, etc. (all pages)
- Copy of the Declarations page of the Fire Insurancy Policy for the subject property.

"To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account." What this means to you: We are asking you for your name, date of birth and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents."

- Copy of current driver license or passport

If you have any questions or require any assistance with your loan application, please feel free to call your Emerson Financial mortgage professional.

Thank you for the opportunity to assist you with your financing needs.

675 Mariners Island Blvd, Suite 107, San Mateo, CA 94404-1040 • Main (650) 524 1700 • Fax (650) 524 1711
www.emersonfinancial.com • CA Dept. of Real Estate #01032355 • NMLS 239206

CONTACT & INSURANCE INFORMATION

BORROWER

name _____
first middle last suffix

preferred (nick) name _____

mailing address _____
street

_____ city state zip

phone _____
work phone home phone cell phone

best phone number to reach you: work cell home

email address _____

CO-BORROWER

name _____
first middle last suffix

preferred (nick) name _____

mailing address _____
street

_____ city state zip

phone _____
work phone home phone cell phone

best phone number to reach you: work cell home

email address _____

INSURANCE INFORMATION

agent's name _____ company _____

phone _____ work phone cell phone policy no. _____

email address _____

LOAN PURPOSE (Refinances only)

Please describe the general purpose of this loan request.

If the purpose is to replace existing loan(s) with loan(s) at a better interest rate or improved terms, please state: ...to obtain a better interest rate or loan terms...

If you are requesting a higher loan amount to cash out some of your equity, please describe, in detail, the purpose for the additional funds requested. (Examples: home improvements, children's college education, purchase of an automobile, payoff consumer debt, etc.)

Signature of Applicant

Date

Signature of Applicant

Date

BORROWER CERTIFICATION & AUTHORIZATION

CERTIFICATION

1. I/We have applied for a mortgage from Emerson Financial. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Emerson Financial reserves the right to request and obtain verification of the information provided on or required by the loan application with the undersigned's employer, the financial institution or any other source.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

AUTHORIZATION TO RELEASE INFORMATION

1. I/We have applied for a mortgage loan from Emerson Financial. As a part of the application process, Emerson Financial may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of the quality control program.
2. I/We authorize you to provide to Emerson Financial, and to any lender/investor to whom Emerson Financial may broker/sell my mortgage, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of tax returns.
3. Emerson Financial or any lender/investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

Signature of Applicant

Date

Social Security Number

Signature of Applicant

Date

Social Security Number

Emerson Financial

Your Mortgage Professionals

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

- 1) Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
- 2) Race, color, religion, sex, marital status, national origin or ancestry

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing a change, or is expected to undergo a change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financing assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four unit family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or the Department of Real Estate at one of the following locations:

1515 Clay Street, Suite 702
Oakland, CA 94612-1402

2201 Broadway
Sacramento, CA 95818-2500

NOTICE TO APPLICANT OF RIGHT TO RECEIVE A COPY OF APPRAISAL REPORT

You have the right to receive and review a copy of every appraisal report obtained in connection with the loan for which you are applying, at least three business days prior to the closing of your loan.

If you would like a copy of the appraisal report, please either call your loan agent at (650) 524-1700 or send a written request to:

Emerson Financial, 675 Mariners Island Boulevard, Suite 107, San Mateo, CA 94404

We will make every effort to ensure that you receive a copy of your appraisal report from the lender within the delivery deadline.

ACKNOWLEDGMENT OF RECEIPT

I/We have received a copy of this notice.

Signature of Applicant

Date

Signature of Applicant

Date

EQUAL CREDIT OPPORTUNITY ACT

You are hereby provided the following "Equal Credit Opportunity Act" notice as required under section 202.4(d), 13 C.F.R.:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. Beginning March 23, 1977, the act extends this protection to race, color, religion, national origin, age (provided the applicant has the capacity to contract), regardless of whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act.

The Federal Agency which administers institutional compliance with this law is:

The Federal Trade Commission
600 Pennsylvania Avenue
N. W. Washington, DC

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

PRIVACY ACT NOTICE

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

ACKNOWLEDGEMENT OF RECEIPT

I/We have received a copy of this notice.

Signature of Applicant

Date

Signature of Applicant

Date

HVCC APPRAISAL REPORT DELIVERY WAIVER

Property Address: _____

I/We understand that I/we have a right under the Home Valuation Code of Conduct (“HVCC”) to receive a copy of the appraisal report completed on the above referenced property no later than three (3) business days prior to the closing. By signing below, I/we are waiving our right to receive a copy at least three (3) business days prior to our loan closing as provided in HVCC section II.

Signature of Applicant

Date

Signature of Applicant

Date



MORTGAGE BROKER FEE DISCLOSURE

You are using a mortgage broker to apply for a residential mortgage loan. The mortgage broker will submit your application for a residential mortgage loan to a participating lender with which the mortgage broker has an agreement to submit such loans. The mortgage broker will not fund your loan. Certain lenders have asked that this form be furnished to you to clarify the role of mortgage brokers. This form supplements other disclosures or agreements required by law that you should receive from the mortgage broker concerning your loan application.

NATURE OF RELATIONSHIP (In connection with this mortgage loan):

The mortgage broker may be acting as an independent contractor and not as your agent. If you are unclear as to the nature of your relationship, please ask the mortgage broker for clarification.

The mortgage broker has entered into separate independent contractor agreements with various lenders.

While the mortgage broker seeks to assist you in meeting your financial needs, we do not distribute the products of all lenders or investors in the market and cannot guarantee the lowest price or best terms available in the market.

THE MORTGAGE BROKER'S COMPENSATION

The mortgage broker's compensation may be paid ONLY by the **lender** or ONLY by the **borrower**.

In some cases if you do not want to pay the mortgage broker's compensation, the lender will pay the mortgage broker's compensation and this will result in a higher interest rate that you will pay.

In other cases, if you want a lower interest rate, you would pay the mortgage broker's compensation, and possibly points to the lender for the lower interest rate. A point is a percentage of the loan amount.

You may work with the mortgage broker to select the method in which the mortgage broker receives its compensation depending on your financial needs, and subject to the lender's program requirements and credit underwriting guidelines.

The mortgage broker may not collect any fees, except for a credit report fee, before you have received early disclosures from the lender relating to this transaction.

GOOD FAITH ESTIMATE

The amount of fees and charges that you pay to your mortgage broker and lender in connection with your loan are reflected in Block 1 "Our Origination Charge" on your Good Faith Estimate. The final amounts will be disclosed on your HUD-1 or HUD-1A Settlement Statement.

By signing below, applicant(s) acknowledge that they have read and understand this document.

Applicant's Printed Name

Emerson Financial

Broker's Company Name

Applicant's Signature Date

Broker's Printed Name

Applicant's Printed Name

Broker's Signature Date

Applicant's Signature Date

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I am conducting the following business transaction:

_____ seeking a mortgage from _____

[Identify a specific purpose. Example—seeking a mortgage from the Company— “identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

Company Name	Address

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is: Rapid Reporting Verification Company, 4100 International Plaza, Suite 640, Fort Worth Texas 76132

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 **days from the date signed.** _____ **(Please initial.)**

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Form SSA-89 (8/15/2008)

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

..... TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA’s verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/modelAgreement11309.pdf>.

Note: BORROWER to complete & sign this form

**Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I am conducting the following business transaction:

_____ seeking a mortgage from _____

[Identify a specific purpose. Example—seeking a mortgage from the Company— “identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

Company Name	Address

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is: Rapid Reporting Verification Company, 4100 International Plaza, Suite 640, Fort Worth Texas 76132

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 **days from the date signed.** _____ **(Please initial.)**

Signature _____ Date Signed _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Form SSA-89 (8/15/2008)

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

..... TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA’s verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/modelAgreement11309.pdf>.

Note: CO-BORROWER to complete & sign this form

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

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 "Order a Transcript" 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 IRS 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 30 calendar 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 45 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, **either** husband or wife 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	

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. 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.

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.

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
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	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	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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	512-460-2272
	559-456-5876
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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	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	801-620-6922
	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	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.

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.

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.