

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-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)		
<b>i. First name</b>	<b>ii. Middle initial</b>	<b>iii. Last name/BMF company name</b>	<b>i. Spouse's first name</b>	<b>ii. Middle initial</b>	<b>iii. Spouse's last name</b>
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
<b>i. First name</b>	<b>ii. Middle initial</b>	<b>iii. Last name</b>	<b>i. First name</b>	<b>ii. Middle initial</b>	<b>iii. Last name</b>
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
<b>i. IVES participant name</b> TaxReturnVerification.com		<b>ii. IVES participant ID number</b> 301300		<b>iii. SOR mailbox ID</b>	
<b>iv. Street address</b> (including apt., room, or suite no.) 327 CALDWELL DR, SUITE 100		<b>v. City</b> GOODLETTSVILLE	<b>vi. State</b> TN	<b>vii. ZIP code</b> 37072	
<b>5b. Customer file number</b> (if applicable) (see instructions)		<b>5c. Unique identifier</b> (if applicable) (see instructions)			
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))					
<b>i. Client name</b> FIDELITY LENDING SOLUTIONS, INC.				<b>ii. Telephone number</b> (714) 482 - 6570	
<b>iii. Street address</b> (including apt., room, or suite no.) 2650 E. IMPERIAL HWY., SUITE 110		<b>iv. City</b> BREA	<b>v. State</b> CA	<b>vi. ZIP code</b> 92821	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts					
<b>a. Return Transcript</b> <input type="checkbox"/> <b>b. Account Transcript</b> <input type="checkbox"/> <b>c. Record of Account</b> <input type="checkbox"/>					
<b>7. Wage and Income transcript</b> (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
<b>a.</b> Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
<b>b.</b> Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / /					
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.					
<b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.					
<input checked="" type="checkbox"/> <b>Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.</b>					
Sign Here	Signature for Line 1a (see instructions)		Date		Phone number of taxpayer on line 1a or 2a (       )
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
	<b>Print/Type name</b>				
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)				Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
<b>Print/Type name</b>					



Form <b>4506-C</b> (October 2022)	Department of the Treasury - Internal Revenue Service <b>IVES Request for Transcript of Tax Return</b>	OMB Number 1545-1872
--------------------------------------	---	-------------------------

Do not sign this form unless all applicable lines have been completed.

\*\*\*Name and address MUST MATCH EXACTLY with the most recent tax return filed Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)		
<b>i. First name</b> JOHN	<b>ii. Middle initial</b>	<b>iii. Last name/BMF company name</b> SMITH	<b>i. Spouse's first name</b>	<b>ii. Middle initial</b>	<b>iii. Spouse's last name</b>
<b>1b. First taxpayer identification number</b> (see instructions) XXX-XX-XXXX			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
<b>i. First name</b>	<b>ii. Middle initial</b>	<b>iii. Last name</b>	<b>i. First name</b>	<b>ii. Middle initial</b>	<b>iii. Last name</b>
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.) 123 MAIN STREET			<b>b. City</b> BREA	<b>c. State</b> CA	<b>d. ZIP code</b> 92821
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)			<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
<b>i. IVES participant name</b> TaxReturnVerification.com			<b>ii. IVES participant ID number</b> 301300		<b>iii. SOR mailbox ID</b>
<b>iv. Street address</b> (including apt., room, or suite no.) 327 CALDWELL DR, SUITE 100			<b>v. City</b> GOODLETTSVILLE	<b>vi. State</b> TN	<b>vii. ZIP code</b> 37072
<b>5b. Customer file number</b> (if applicable) (see instructions) 2025XXXXXX			<b>5c. Unique identifier</b> (if applicable) (see instructions)		
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))					
<b>i. Client name</b> FIDELITY LENDING SOLUTIONS, INC.					<b>ii. Telephone number</b> (714) 482 - 6570
<b>iii. Street address</b> (including apt., room, or suite no.) 2650 E. IMPERIAL HWY., SUITE 110			<b>iv. City</b> BREA	<b>v. State</b> CA	<b>vi. ZIP code</b> 92821

**Caution:** This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6

transcripts 1040 / 1065 / 1120 / 1120S

\*\*Enter only ONE of the following products

\*\*\*#6 OR #7 NEED TO BE COMPLETED. BOTH CANNOT BE FILLED OUT.

<b>a. Return Transcript</b> <input type="checkbox"/>	<b>b. Account Transcript</b> <input type="checkbox"/>	<b>c. Record of Account</b> <input checked="" type="checkbox"/> **Check only if #6 is completed
<b>7. Wage and Income transcript</b> (W-2, 1098-E, 1099-G, etc.) <input checked="" type="checkbox"/> **Check only if #7a is completed		
<b>a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.</b> W-2 **Enter only if you're ordering W-2		
<b>b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts.</b> If no box is checked, transcripts will be provided for all listed taxpayers		
<b>Line 1a</b> <input checked="" type="checkbox"/>	<b>Line 2a</b> <input type="checkbox"/>	**Check only if #7a is completed
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) ***INPUT ONLY THE YEARS YOU'RE REQUESTING		
12 / 31 / YEAR 12 / 31 / YEAR / / / /		

**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, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C 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 above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	<b>Signature for Line 1a</b> (see instructions) BORROWER SIGNATURE	<b>Date</b> DATE	<b>Phone number of taxpayer on line 1a or 2a</b> ( XXX ) XXX-XXXX
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative	<input type="checkbox"/> Signatory confirms document was electronically signed	
	<b>Print/Type name</b> BORROWER NAME		
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust) TITLE IF #1 IS ENTITY (PRESIDENT/CEO)		
	<b>Spouse's signature</b> (required if listed on Line 2a)		<b>Date</b>
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative	<input type="checkbox"/> Signatory confirms document was electronically signed	
<b>Print/Type name</b>			

