Form **4506-C** (October 2022)

Department of the Treasury - Internal Revenue Service

IVES Request for

To add ALL: FI 156025 "4506 eSign Behavior - All Sections"

Do not sign this form unle

Request may be rejected in the form is incomplete or megible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

| 1a. Current name2a. Spot | | | | | | se's current name <i>(if joir</i> | t return and trans | cripts are requested for both taxpayers) | |
|---|--|-----------------------|-----------------------|-----------------|-------------|-----------------------------------|---|--|--|
| i. First nan | ne | ii. Middle initial | iii. Last name/B | MF company name | i. Spouse | 's first name | ii. Middle initial | iii. Spouse's last name | |
| 1b. F FI 156026 "4506 eSign Behavior - Taxpayer Information (Sections 1 - 4)" | | | | | | | | | |
| 1c. Previou | us name shown | on the last return fi | iled if different fro | m line 1a | 2c. Spous | se's previous name sho | wn on the last retu | rn filed if different from line 2a | |
| i. First nan | ne | ii. Middle initial | iii. Last name | | i. First na | me | ii. Middle initial | iii. Last name | |
| 3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | | | | | | | | | |
| a. Street address (including apt., room, or suite no.) b. City c. State d. ZIP code | | | | | | | | | |
| 4. Previous address shown on the last return filed if different from line 3 (see instructions) | | | | | | | | | |
| a. Street address (including apt., room, or suite no.) | | | | | | | c. State | d. ZIP code | |
| 5a. IVES participant name, ID number, SOR mailbox ID, and address | | | | | | | | | |
| i. IVES participant name ii. IVES participant ID num | | | | | | | iii. SOR mailbox | (ID | |
| FI 156027 "4506 eSign Behavior - Recipient Informat | | | | | | ation (Section 5)" | | vii. ZIP code | |
| 5b. (| | | | | | | | | |
| 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) | | | | | | | | | |
| i. Client name | | | | | | | | ii. Telephone number | |
| iii. Street address (including apt., room, or suite no.) | | | | | iv. City | | v. State | vi. ZIP code | |
| 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 | | | | | | | | | |
| | | | | | | | | | |
| FI 156028 "4506 eSign Behavior - Request Information (\$7. w | | | | | | (Sections 6 - 8)" | | | |
| a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. | | | | | | | | | |
| 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 Line 2a | | | | | | | | | |
| 8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) | | | | | | | | | |
| Caution: Deen completed. | | | | | | | | | |
| Signature requested. sign the re or party oth signature of | ignature equested. Items in green (core behavior): Set doc to eSign Set doc to eSign Items in green (core behavior): Set doc to eSign Items in blue: FI 156029 "4506 eSign Behavior - Signe Information (Signature Section)" | | | | | | | <u> </u> | |
| 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. | | | | | | | | | |
| | Signature for | Line 1a (see instru | ections) | | | Date | Phone num | ber of taxpayer on line 1a or 2a | |
| | Form 4506 | G-C was signed by | an Authorized Re | nresentative | | Signatory confirms | s document was e | lectronically signed | |
| | Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Print/Type name | | | | | | | | |
| Sign | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | | | | | |
| Here | | | | | | | | | |
| | Spouse's signature (required if listed on Line 2a) | | | | | | Date | | |
| | | | | | | | nfirms document was electronically signed | | |
| | Print/Type nar | пе | | | | | | | |