



Welcome to JPS Health Network. We look forward to providing affordable health care to you and your family. The purpose of the JPS Connection program is to create a healthier community by providing discount health services to Tarrant County residents. Connection members have the benefit of a medical home – meaning you have a physician or nurse practitioner assigned to you and your family. You get access to preventative care – such as physicals and screenings that will help keep you healthy and out of the emergency room.

Inside this packet you will find the application and the documentation requirements for our JPS Connection program. **All items on the application must be completed.** If not applicable, place either a 0 or N/A in each box. Bring the completed application and required documentation per the final checklist below with you to any of the financial screening locations throughout Tarrant County between the hours of 8:00 a.m. and 4:30 p.m. You may call our Eligibility Center at (817) 702-1001 should you need assistance. Our staff members are happy to answer any questions you may have. Applications can also be acceptable by fax 817-927-3834 or email [Enroll@JPSHealth.org](mailto:Enroll@JPSHealth.org).

Thank you for choosing JPS and we look forward to providing quality healthcare to you and your family.

Regards,

Kade Rutherford  
Executive Director, Revenue Cycle

## FINAL CHECK LIST

- Picture ID for all applicants (Government Issued, School, and Work)
- Immigration Documentation (Resident Alien Cards, Passports, Certificate of Naturalization, I-94, Birth Certificates)
- Birth Certificates for all child dependents
- Shelter Letter, Approved Agency Residence Letter or Valid Homeless Scan Card
- Agency award letters (Food Stamps, TANF, Housing, CHIP/Medicaid, RSDI, SSI, etc.)
- Completed Application (Incomplete applications are not accepted)
- Application signed and dated by applicant and spouse
- Complete and sign form 4506T
- Review, initial, and sign the Membership Responsibility Form
- Homeowners, self-employed, or clients receiving Social Security must provide a current 30 day bank statement for all accounts.
- 30-90 Days proof of Income for all household members (check stubs, award letters, financial aid refund, self-employment forms, etc.)

\*Valid/Current Documentation Required\*

\*\*More information may be requested at time of interview\*\*

## Eligibility & Enrollment Centers

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# 817-702-1001

### Eligibility & Enrollment Center

(Location with largest number of specialists)

1325 S. Main Street  
Fort Worth, Texas 76104

JPS Health Center – South  
Campus 2500 Circle Drive  
Fort Worth, TX 76119

Healing Wings  
1350 S. Main St. Suite 1600  
Fort Worth, TX 76104

JPS Health Center – Stop Six/Walter B. Barbour  
3301 Stalcup Road  
Fort Worth, TX 76119

JPS Health Center - Northwest/Iona Reed  
401 Stribling Dr.  
Azle, TX 76022

\* Wednesdays Only

JPS Health Center – Viola M. Pitts/Como  
4701 Bryant Irvin Road North  
Fort Worth, TX 76107

JPS Eligibility Center – Arlington  
1030 Arkansas Lane Ste 214  
Arlington, TX 76013

JPS Health Center – Diamond  
Hill 3308 Deen Road  
Fort Worth, TX 76106

JPS Health Center – Northeast  
837 Brown Trail  
Bedford, TX 76022

Center for Cancer Care  
601 W. Terrell Ave  
Fort Worth, TX 76104

JPS Health Center – Gerturde Tarpley/Watauga  
6601 Watauga Rd # 124  
Watauga, TX 76148

**JPS Health Network**  
**Application for JPS Connection Program**

10/01/15

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_  
 (Last) (First) (MI)  Live w/ someone  
 Rent  Home #: \_\_\_\_\_  
**Address:** \_\_\_\_\_  Own  Cell#: \_\_\_\_\_  
 (Street) (Apt. #) (City) (State) (Zip) (County) Please check primary contact phone  
**Email Address:** \_\_\_\_\_  Homeless / Scan Card  
**Primary Language:**  English  Spanish  Vietnamese  Other  
**Marital Status:**  Single  Separated  Divorced  Widowed  Married (If married, spouse's signature also is required)  
**Ethnicity:**  Caucasian  African-American  Hispanic  Asian  Native American  Other \_\_\_\_\_

**List the names of each person living in household (attach additional sheets as necessary)**

Must provide copies of identification documents such as a state issued driver's license/ID, birth certificates (for children under 18) & Immigration cards.

<b>Full Name of Household Members:</b>					
Relationship to applicant:	<b>Self</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>
<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b>					
<b>Place of Birth</b>					
<b>Check one:</b>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented
<b>Social Security #</b>					
<b>Is this person applying for coverage?</b> (Circle One)	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>First time applying?</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Is this person pregnant?</b> (Circle One)	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Does this person currently have medical coverage?</b> (Check box)	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Medicare A Only <input type="checkbox"/> Medicare A&B <input type="checkbox"/> Marketplace <input type="checkbox"/> Private Through Employer Or Self <input type="checkbox"/> VA <input type="checkbox"/> None	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Medicare A Only <input type="checkbox"/> Medicare A&B <input type="checkbox"/> Marketplace <input type="checkbox"/> Private Through Employer <input type="checkbox"/> VA <input type="checkbox"/> None	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Medicare A Only <input type="checkbox"/> Medicare A&B <input type="checkbox"/> Marketplace <input type="checkbox"/> Private Through Employer <input type="checkbox"/> VA <input type="checkbox"/> None	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Medicare A Only <input type="checkbox"/> Medicare A&B <input type="checkbox"/> Marketplace <input type="checkbox"/> Private Through Employer <input type="checkbox"/> VA <input type="checkbox"/> None	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Medicare A Only <input type="checkbox"/> Medicare A&B <input type="checkbox"/> Marketplace <input type="checkbox"/> Private Through Employer <input type="checkbox"/> VA <input type="checkbox"/> None
<b>Does this person receive school financial aid?</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Does this person receive Veteran Benefits?</b> (Circle One)	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Does this person receive any government assistance**?</b> (Check all that apply)	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing <input type="checkbox"/> TANF <input type="checkbox"/> None	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing <input type="checkbox"/> TANF <input type="checkbox"/> None	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing <input type="checkbox"/> TANF <input type="checkbox"/> None	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing <input type="checkbox"/> TANF <input type="checkbox"/> None	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing <input type="checkbox"/> TANF <input type="checkbox"/> None

\*\*Must provide a copy of current award letters if, a member of your household receives TANF, Food Stamps and/or Housing assistance.

**List the names of each person living in household (attach additional sheets as necessary)**  
**Do not leave blank spaces if it does not apply put a -0- or N/A Application will be returned if boxes are left unanswered.**

<b>Full Name of Household Members:</b>	/				
Relationship to applicant:	<b>Self</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>

**If you and/or a member of the household work for yourself, do odd jobs or work for someone but do not have taxes withheld from your wages then you or that household member are self-employed.**

<b>Is this person Self Employed?</b> (Circle one)	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Monthly Income after deductions from Self Employment	\$	\$	\$	\$	\$

**Do you and/or a member of the household work?**

<b>Is this person Employed?</b> (Circle one)	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Employer Name:					
Employer Street Address:					
Employer State, City, Zip:					
Employer Phone:					
Monthly Income before deductions from Employment	\$	\$	\$	\$	\$

**If you and/or a member of your household have a 2<sup>nd</sup> Employer please list below:**

2 <sup>nd</sup> Employer Name:					
Monthly Income before deductions from Employment	\$	\$	\$	\$	\$

**Do you and/or a member of your household have the following other monthly income and/or financial aid refund?**

Unemployment	\$	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Pensions/Retirement	\$	\$	\$	\$	\$
Social Security Retirement	\$				
SSI Disability	\$	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$	\$
Oil/Royalties	\$	\$	\$	\$	\$
School Financial Aid Refund	\$	\$	\$	\$	\$
Money received from family and friends	\$	\$	\$	\$	\$
Other (List Below):	\$				
_____					
<b>The last year an Income Tax Return was filed</b>	Year	Year	Year	Year	Year

List all assets owned by members of your household (attach additional sheets if necessary)

Assets and Bank Accounts:

<b>Bank name</b>			
<b>Bank account type:</b> (Circle All that Apply)	Checking	Savings	Business Accounts
<b>Balance for all bank accounts</b>	\$		

<b>Bank name</b>			
<b>Bank account type:</b> (Circle All that Apply)	Checking	Savings	Business Accounts
<b>Balance for all bank accounts</b>	\$		

Retirement Accounts:

<b>Bank or Company Name</b>				
<b>Account type:</b> (Circle All that Apply)	IRA	401(k)	403(b)	Other: _____
<b>Current Cash Value for all accounts</b>	\$			

CD and Investment Accounts:

<b>Bank or Company Name</b>				
<b>Account type:</b> (Circle All that Apply)	CD	Stocks	Mutual Funds	Other: _____
<b>Current Cash Value for all accounts</b>	\$			

**"I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it."**

If at any time false information is discovered, penalties will include, but are not limited to, loss of household benefits and the inability to reapply for the JPS Connection Program for no less than a period of ninety (90) days. I authorize JPS Health Network to obtain electronic records for the purpose of making a determination of whether I meet the eligibility requirements for the JPS Connection Program. I also understand that any approval will be conditional based on the information reviewed in my records.

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

Signature of Co-Applicant/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Spouse's signature is required** to complete screening even if spouse is not requesting assistance at this time.

**This application is good for 30 days from the date above.**

<p>For Office Use Only:</p> <p>If someone helped you to complete this form, please give his or her name.</p> <p>Name (please print): _____ Telephone number: _____</p>
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**JPS Health Network**  
**Verification of Assistance and Residency for**  
**JPS Connection Program**

**This form only needs to be completed if the applicant is being assisted by another individual.**

I, \_\_\_\_\_ verify that \_\_\_\_\_  
Name of person providing assistance Applicant(s) full name

Patient's MR# \_\_\_\_\_ and/or Social Security # \_\_\_\_\_ lives at

\_\_\_\_\_  
Applicant(s) Address City/Zip Code

**Financial Assistance: I provide financial assistance to the applicant. Yes No**

This individual is claimed as a dependent on my most recent filed income tax return. Yes No

Does the applicant have a job? \_\_\_\_\_ If yes, provide employer name \_\_\_\_\_

Does the applicant have another income source? \_\_\_\_\_ If yes, how much \_\_\_\_\_

I provide applicant with the following:  Food  Personal items  Transportation

**Cash/Check** \$ \_\_\_\_\_ per Week or Month  Other \_\_\_\_\_

Do you pay rent or other bills for this applicant? \_\_\_\_\_ If yes, how much and how often? \_\_\_\_\_

**Residency Assistance (check all that apply):**

- The applicant(s) resides at my Tarrant County residence.
- The applicant(s) does not pay rent to me.
- The applicant(s) pays \_\_\_\_\_ to help toward the rent and utilities.

How long has the applicant(s) resided at your address? \_\_\_\_\_

Does the applicant(s) have another residence? \_\_\_\_\_ If yes, where \_\_\_\_\_

Relationship of Person Providing the Assistance to the Applicant(s): \_\_\_\_\_

**I certify that the above information is true and correct.** "I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it."

**Signature of the Person Providing the Assistance:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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



**JPS Health Network**  
**Membership Responsibilities for**  
**JPS Connection Indigent Healthcare Program**

\_\_\_\_\_ JPS Connection is a tax-supported medical program offered to eligible Tarrant County residents. JPS Connection offers low cost medical care available only through JPS Health Network facilities. **I understand that JPS Connection is not an insurance company or an insurance plan.**

\_\_\_\_\_ I understand that the JPS Connection does not cover all of the services provided at JPS Health Network including, but not limited to dental, cosmetic procedures, maternity services, assisted reproductive technology, and transplants. Motor vehicle accidents are not covered by JPS Connection when there is the presence of other insurance. JPS Connection remains the payor of last resort for all services.

\_\_\_\_\_ I understand that if I am deemed eligible for state or federal assistance, pharmaceutical assistance programs, or insurance, I must comply with seeking that assistance before receiving any assistance from the JPS Connection Program. This includes any third party commercial insurance, Medicaid, VA benefits and/or parts AB&D of Medicare. Failure to do so will make me ineligible for JPS Connection. Documentation provided to JPS Health Network will be used to apply for any coverage for which I may be potentially eligible.

\_\_\_\_\_ I authorize the Tarrant County Hospital District of Fort Worth to release any demographic and financial information requested by representatives, agents or intermediaries of local, state, or federal agencies; insurance companies; pharmaceutical assistance programs; or other organizations or entities as may be required by said representative for payment of claims arising from services provided under the JPS Connection Program.

\_\_\_\_\_ As a JPS Connection member, I understand I am responsible for the co-payments for services rendered. I have been provided a copy of the JPS Connection Co-pay Schedule.

\_\_\_\_\_ I am aware that when JPS Connection is used supplemental to another payor, I am responsible for all physician/professional fees, co-payments and any deductibles related to professional services rendered. This includes, but not limited to, Acclaim, UNT, Sheridan, RadCare, IES or any other professional group you may receive bills from.

\_\_\_\_\_ As a JPS Connection member, I understand that I have an obligation to notify the Financial Screening department of JPS Health Network of any changes. I agree to inform the Financial Screening department of the JPS Health Network immediately of any changes in my Tarrant County residence, household income, family size and insurance coverage. Failure to do so, may result in loss of membership benefits.

\_\_\_\_\_ I understand that the JPS Connection membership privileges are on a limited time basis. In order to continue receiving a discount on medical services, through the JPS Connection program, it will be necessary to complete another financial screening at the end of my enrollment period. I understand I will be expected to pay all charges incurred after eligibility has expired.

\_\_\_\_\_ I acknowledge that should the JPS Health Network receive returned mail, from the mailing address I provided, that my JPS Connection membership privileges will be suspended pending further review.

\_\_\_\_\_ I understand that I am responsible for providing true and accurate documentation. If at any time false information is discovered penalties may include, but not limited to, loss of my membership benefits and the inability to reapply for the JPS Connection Indigent Healthcare Program for no less than a period of ninety (90) days.

**"I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I know it."**

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

Signature of Co-Applicant: \_\_\_\_\_ 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](http://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](http://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.

<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.  <b>NCS/TRV PROCESSING PO BOX 321 EGG HARBOR CITY NJ, 08215 PH: 800-582-7066</b>	

**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. ▶ 1040

**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:** For transcripts being sent to a third party, this form must be received 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.

<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Phone number of taxpayer on line 1a or 2a

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 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  512-460-2272
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  559-456-7227
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  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, 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 84400          801-620-6922
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          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 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. 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.



**CAUTION** 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.