



JPS Connection – Healthcare assistance that works for you!

Welcome to JPS Health Network. We look forward to providing affordable health care to you and your family. JPS Health Network offers Financial Assistance to eligible individuals. We serve the emergency health care needs of all patients, regardless of ability to pay. 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.

Determination of eligibility for JPS Connection is made based on a review of a completed application and supporting documents. The minimum requirements for assistance are: applicant must be a Tarrant County Resident, a US Citizen or Legal Permanent Resident, meet income guidelines and not be eligible for any State or Federal funded program.

The JPS Connection program offers assistance for services provided by JPS Health Network. Assistance may also be available for prior visits if you qualify. Patients and families will not be charged more for emergency or other medically necessary care than amounts generally billed to those patients who have insurance.

Applications are available at the Eligibility Centers, in all registration areas, and in the Emergency room. Applications can also be downloaded at www.JPSConnection.org. Translation services/arrangements are available upon request.

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 documentation checklist included in this packet 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 mail addressed to Eligibility Center 1325 S. Main St. Fort Worth, TX 76104, by fax at 817-702-3834 or by email 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

Eligibility & Enrollment Locations

817-702-1001

JPS Eligibility Center – Fort Worth
 (Location with largest number of specialists)
 1325 S. Main Street
 Fort Worth, Texas 76104
 8am – 5pm

*Saturday assistance is available by Appointment Only

<p>JPS Eligibility Center – Arlington 501 W. Main St Arlington, TX 76010 Mon – Friday 8 – 5pm</p>	<p>JPS Health Center – South Campus 2500 Circle Drive Fort Worth, TX 76119 Mon – Friday 8 – 4:30pm</p>
<p>JPS Health Center – Stop Six/Walter B. Barbour 3301 Stalcup Rd Fort Worth, TX 76119 Mon – Friday 8-4:30am</p>	<p>JPS Health Center – Viola M. Pitts/COMO 4701 Bryant Irvin Rd North Fort Worth, TX 76107 Mon – Friday 8-4:30pm</p>
<p>JPS Health Center – Diamond Hill 3308 Deen Rd Fort Worth, TX 76106 Mon – Friday 8am-4:30pm</p>	<p>JPS Health Center – Gertrude Tarpley/Watauga 6601 Watauga Rd # 124 Watauga, TX 76148 Mon- Friday 8am-4:30pm</p>
<p>JPS Health Center – Northwest/Iona Reed 401 Stribling Dr. Azle, TX 76022 *Wednesdays Only 8-4:30pm</p>	<p>JPS Health Center – Northeast 3200 W. Euless Blvd Euless, TX 76040 Mon – Friday 8am-4:30pm</p>
<p>JPS Center for Cancer Care 601 W. Terrell Ave Fort Worth, TX 76104 Mon – Friday 8am-4:30pm</p>	<p>JPS Central Assessment Center 1617 Hemphill St Fort Worth, TX 76104 *Call for Appointment</p>
<p>JPS Family Health Center 1500 S. Main 4th Floor Fort Worth, TX 76104 *Call for Appointment</p>	<p>True Worth 1513 E. Presidio Fort Worth, TX 76102 Mon – Friday 8am-4:30pm</p>

JPS Health Network
Documentation Requirements for
JPS Connection Indigent Healthcare Program

** Please provide all applicable items from following categories **

Please note that upon receipt of documentation additional information may be requested.

Proof of Patient Identification - Must provide one of the following or contact office for other options.

- Driver's license or State ID Card
- Government Issued ID
- Birth Certificate (children under 19)
- Homeless Scan Card
- Current Work Identification card (with picture)
- Current School Identification card (with picture)
- Passport

Immigration documentation - for all applicable household members:

- Resident alien cards, Certificate of Naturalization, Birth Certificates, I-94 card, Immigrant Visas with I-551 endorsement, or Passports
- Alien Number for verification

Bank Statements, Investments, & Tax Returns –

(All pages of are required.)

- Most recent checking and savings account statements (all pages are required)
- IRS Form 4506T for personal and business if self-employed
- Most recent statement of CD's, IRA's and other investments

Proof of Employment and Income – Must provide one month proof of income

- Payroll check stubs
- Employment Verification form
- Current award letter for SSI, RSDI, VA, Soc. Sec., TANF
- Workman's Compensation
- Employer statement of earnings on letter head
- Court orders/check or debit card statement for Child Support /Alimony
- Unemployment Award letter

Verification sources of assistance – Provide all applicable

- Food Stamp, TANF, or Housing Assistance award letters
- Statement from Homeless Shelter where patient resides and verifying unemployment.
- Verification of Assistance form completed by the person providing assistance**

Social Security Number – Provide for all applicable household members.

Proof of Patient Residency – Must provide a minimum of two

- Utility, telephone and cable bills
- Lease agreement, mortgage statement
- Auto, Life, Homeowners/Renter's Insurance Documents
- City, County, State/Federal agencies Correspondence
- Retirement Plan Documents, Attorney Correspondence
- Texas Department of Motor Vehicle Records
- Statement from Homeless Shelter

Proof of Healthcare Coverage/Insurance – Provide for all household members

- Front and back of Medical/Dental Insurance cards
- Call the office for assistance with Marketplace enrollment or exemption (817-702-1001)

Proof of Self Employment (No taxes withheld from income)

- 3 Self-Employment Forms
- Form 4506-T

Acceptable sources to verify self-employment deductions

If desiring to claim expenses from self-employment:

- Receipts

Acceptable sources to verify deductions

If desiring to claim deductions for alimony or child support paid out:

- Court order
- Statement from Attorney General's office
- Deductions listed on most recent check stubs

Please note - Anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of the application process is committing a crime, which can be punished under Federal law, State law, or both. If at any time false information is discovered penalties will include, but are 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.

Application for JPS Connection Financial Assistance

JPS Connection is not an insurance plan. JPS Connection does not provide health insurance coverage under the Federal Health Insurance Marketplace Exchange.

Name: _____ **Maiden Name:** _____
(Last) (First) (MI)

Address: _____ **Phone #:** _____
(Street) (Apt. #) (City) (State) (Zip) (County)

Living Arrangements: Own Rent Living with Someone Shelter/Homeless

Email Address: _____ **Country of Birth :** _____

Marital Status: Single Separated Divorced Widowed Married Common Law/Domestic Partner

Ethnicity: Caucasian African-American Hispanic Asian Native American Other _____

Primary Language: English Spanish Vietnamese Other _____ **Is anyone pregnant?** Yes No

Does anyone in the household receive government assistance? (Food stamps, Housing, TANF, etc.) Yes No

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

Name <small>(Last, First, Middle Initial)</small>	Relationship	Sex <small>(Male or Female)</small>	Date of Birth	Social Security #	Employed	US Citizen or Legal Permanent Resident	Is Person Applying?
1)	SELF				Y / N	Y / N	Y / N
2)	SPOUSE				Y / N	Y / N	Y / N
3)					Y / N	Y / N	Y / N
4)					Y / N	Y / N	Y / N

Household Information – Required for each adult member of household

	1) SELF	2) SPOUSE	3) CHILD	4) CHILD
Monthly Income				
Employer Name				
Employment Income – Gross monthly amount:	\$	\$	\$	\$
Self-Employment Business Name				
Self-Employment Monthly Income after expenses	\$	\$	\$	\$
Last Year Income Tax was Filed				
Unemployment	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Pensions / Retirement	\$	\$	\$	\$
Social Security RSDI	\$	\$	\$	\$
Disability Income or SSI Income	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Other / Money Received from Family and Friends	\$	\$	\$	\$
Expenses - Monthly				
Court Ordered Child Support/Alimony	\$	\$	\$	\$
Assets				
Bank Name(s)				
Bank Account Balances	\$	\$	\$	\$
IRA/Other Investments	\$	\$	\$	\$
Other Medical Coverage				
Does this person have any medical coverage? <small>(Medicare, Medicaid/CHIP, VA, Tricare, Marketplace, Employer, Private, or Other)</small>	Name of Coverage: _____	Name of Coverage: _____	Name of Coverage: _____	Name of Coverage: _____

"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." 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.

Your Signature _____ Date: _____

Signature of Spouse or Common Law Spouse/Partner _____ Date: _____

Signature of your dependent child 19-26, whose lives in the home _____ Date: _____

Signature of Applicant's Representative _____ Date: _____

Name of person who helped you complete this form _____ Phone # _____

**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: _____

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: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ 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.

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 "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.

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)	
5a 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.	
NCS TRV PROCESSING, P.O. BOX 321, EGG HARBOR CITY, NJ 08215 800-582-7066	
5b Customer file number (if applicable) (see instructions)	

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 5a, 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 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:** This form must be received by IRS 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.

Phone number of taxpayer on line 1a or 2a

Sign Here	▶ 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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 5a) 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 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 855-587-9604
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 855-800-8105
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 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note: If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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.



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.