



IBR

# Income-Based Repayment Plan Request Federal Family Education Loan Program

OMB No. 1845-0102  
Form Approved  
Exp. Date 04/30/2013

Use this form for initial determination of your eligibility to repay eligible Federal Family Education Loan Program (FFELP) loans under the Income-Based Repayment (IBR) plan or for the required annual reevaluation of your payment amount under the IBR plan.

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

### SECTION 2: INSTRUCTIONS AND INFORMATION

Before answering any questions, carefully read the entire form, including Sections 6, 7, and 9. Type or print using dark ink. If you need help completing this form, contact your loan holder. Return the completed form and any required documentation to the address shown in Section 8.

You may be eligible to use the IBR plan to repay your FFELP loan(s) if you meet the eligibility requirements described in Section 7. An IBR plan calculator is available at [studentaid.ed.gov](http://studentaid.ed.gov). The calculator evaluates your eligibility for the IBR plan and estimates your IBR plan payment amount. To use the calculator you will need to enter your eligible loan debt, income, family size, and state of residence. The calculator is for informational purposes only; your loan holder will make the official determination of your eligibility and payment amount based on your IBR Plan Request and other required documentation.

You must provide your loan holder with information about your income that will be used to determine your eligibility for the IBR plan and your IBR payment amount, as described in Section 7.

If you have eligible loans with more than one loan holder, you must submit a separate IBR request to each holder of the loans you want to repay under the IBR plan. Your request for the IBR plan will apply to all of your eligible loans with the loan holder unless you notify your loan holder that you do not want to use the IBR plan for all of your loans. If you want to exclude a loan from this request, contact your loan holder for further instructions.

You must promptly submit to your loan holder this complete IBR Plan Request, and one of the following: IRS Form 4506-T, IRS Form 4506T-EZ, or other documentation your loan holder may require (see Section 3). Note: The IRS will not accept IRS Form 4506-T or 4506T-EZ if it is received by the IRS more than 120 days from the date you signed it.

### SECTION 3: REQUIRED INFORMATION AND DOCUMENTATION

All borrowers – To request the IBR plan, you must provide each holder of the loans you wish to repay under the IBR plan with the following information and documentation:

1. Your family size (as defined in Section 6): \_\_\_\_\_ Note: If you do not enter your family size, your loan holder will assume a family size of one.
2. Either (a) or (b) as required by your loan holder, unless you check the box in #3 below: (a) A completed IRS Form 4506-T or 4506T-EZ providing your consent for the IRS to disclose your AGI and other federal income tax return information to your loan holder. If required, your loan holder will include IRS Form 4506-T or 4506T-EZ with this IBR plan request or will provide instructions for obtaining the IRS forms. (b) Other documentation of your AGI, as specified by your loan holder.
3.  Check this box if you were not or are not required to file a federal income tax return for the most recently ended tax year because you did not meet IRS filing requirements. If you check this box, your loan holder will require you to provide alternative documentation of your income.

**Married borrowers only – You must complete the following if (1)** you file a joint federal income tax return with your spouse, and your spouse has loans that are eligible for repayment under the IBR plan (see Section 6) or (2) you and your spouse are joint borrowers of a Federal Consolidation Loan that you want to repay under the IBR plan.

Spouse Name (last, first, MI) \_\_\_\_\_ Spouse SSN |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_| |\_\_\_\_\_| Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Check this box only if you have a Federal Consolidation Loan that you borrowed jointly with your spouse, and you and your spouse want to repay that loan under the IBR plan. Both you and your spouse must sign below. Note: If you are no longer married to the co-borrower of your Federal Consolidation Loan, each of you must complete a separate IBR Plan Request form.

### SECTION 4: ELIGIBLE FFELP LOANS WITH OTHER LOAN HOLDERS AND DIRECT LOANS

Information on your other loans (and, if applicable, your spouse's other loans) will be used to determine your eligibility for the IBR plan and your monthly payment amount. Check each box below that applies.

1.  Check this box only if (a) you have other loans with different holders that are eligible for the IBR plan (see Section 6) and you make payments on those loans to a different holder than the holder to which you submit this form, or (b) you and your spouse are requesting the IBR plan for a Federal Consolidation Loan that you borrowed jointly and your spouse has other loans with different holders that are eligible for the IBR plan, and makes payments on those loans to a different holder than the holder to which you submit this form.
2.  Check this box only if you are married and file a joint federal income tax return, and your spouse has loans that are eligible for repayment under the IBR plan (see Section 6). If you check this box, both you and your spouse must sign below. By signing, your spouse is authorizing the loan holder to access information about his or her federal student loans in the National Student Loan Data System.

### SECTION 5: BORROWER REQUEST, UNDERSTANDINGS, AGREEMENT, AUTHORIZATION, AND CERTIFICATION

- I request to use the IBR plan to repay my eligible FFELP loans held by the holder to which I submit this form, except for any loans that I have requested be excluded from the IBR plan.
- I understand that: (1) If I am entering repayment on my loan(s) for the first time and request the IBR plan, but I do not provide my loan holder with this completed IBR request form and any other documentation required by my loan holder, I will be placed on the standard repayment plan. (2) If I am currently repaying my loan(s) under a different repayment plan and want to change to the IBR plan, my loan holder may grant me a forbearance for up to 60 days in order to collect and process documentation supporting my request for the IBR plan. I am not required to make loan payments during this period of forbearance, but interest will continue to accrue. Unpaid interest that accrues during this maximum 60-day forbearance period will not be capitalized (see Section 6). (3) If I am delinquent in making payments under my current repayment plan at the time I request the IBR plan, my loan holder may grant me a forbearance to cover any payments that are overdue at the time of my request, or that would be overdue by the time my loan holder determines whether I have a partial financial hardship, if that determination takes my loan holder more than 60 days. Unpaid interest that accrues during this forbearance period may be capitalized.
- I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.
- I certify that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Borrower Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Spouse Signature (if required) \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Note: Spouse's signature is required if you checked the box in Section 3 and/or the box in Section 4, Item 2.

## SECTION 6: DEFINITIONS

- **Capitalization** is the addition of unpaid interest to the principal balance of your loan. This will increase the principal balance and the total cost of your loan.
- **Eligible loans for the IBR plan** are FFELP and Direct Loan Program loans other than: (1) a loan that is in default, (2) a Federal or Direct PLUS Loan made to a parent borrower, or (3) a Federal or Direct Consolidation Loan that repaid a Federal or Direct PLUS Loan made to a parent borrower. Federal Perkins Loans, HEAL loans or other health education loans, and private education loans are not eligible for the IBR plan. To access information on all of your federal student loans, check the National Student Loan Data System at [www.nslds.ed.gov](http://www.nslds.ed.gov).
- **Family size** includes you, your spouse, and your children (including unborn children who will be born during the year for which you certify your family size), if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you certify your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.
- The **Federal Family Education Loan Program (FFELP)** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).
- The **holder** of your FFELP loan(s) may be a lender or the U.S. Department of Education (the Department). The holder of Direct Loan Program loans is the Department. Your loan holder may use a servicer to handle billing and other communications related to your loan(s). If your loan holder uses a servicer, the term "holder" as used throughout this form may also refer to the servicer.
- **Income-Based Repayment (IBR)** is a repayment plan with monthly payments based on your eligible federal student loan debt, income, family size, and state of residence.
- **Partial financial hardship** is when the annual amount due on all of your eligible loans or, if you are married and file a joint federal income tax return, the annual amount due on all of your eligible loans and your spouse's eligible loans, exceeds 15% of the difference between your adjusted gross income (AGI), as shown on your most recently filed federal income tax return, and 150% of the annual poverty guideline amount for your family size and state of residence:

$$\text{Annual amount of payments due} > 15\% [\text{AGI} - (150\% \times \text{applicable poverty guideline amount})]$$

The annual amount of payments due is calculated based on the greater of (1) the total amount owed on eligible loans at the time those loans initially entered repayment or (2) the total amount owed on eligible loans at the time you or, if applicable, your spouse requested the IBR plan. The annual amount of payments due is calculated using a standard repayment plan with a 10-year repayment period. The amount owed on eligible loans includes the amount owed on your eligible loans and, if you are married and file a joint federal income tax return, the amount owed on your spouse's eligible loans. If you are married and file a joint federal income tax return, your AGI includes your spouse's income.

- **Poverty guideline amount** is the figure for your state and family size from the poverty guidelines published annually by the U.S. Department of Health and Human Services (HHS). The HHS poverty guidelines are used for purposes such as determining eligibility for certain federal benefit programs. If you are not a resident of a state identified in the poverty guidelines, your poverty guideline amount is the amount used for the 48 contiguous states.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans, and Direct Consolidation Loans.

## SECTION 7: ELIGIBILITY CRITERIA

Important information about the IBR plan includes:

- You may use the IBR plan to repay your eligible FFELP loan(s), as defined in Section 6.
- To initially qualify to repay your loan(s) under the IBR plan and to continue to qualify to make income-based payments, you must have a **partial financial hardship** (as defined in Section 6).
- You must submit required information about your income to your loan holder for determination of your eligibility for the IBR plan and your IBR payment amount. You must provide your loan holder with Internal Revenue Service (IRS) Form 4506-T or 4506T-EZ providing your consent for the disclosure of your AGI and other federal income tax return information by the IRS or other documentation of your AGI as required by your loan holder, which may be a copy of your most recently filed federal income tax return. Your loan holder may require you to provide alternative documentation of your income if (1) your AGI is not available from the IRS or your loan holder believes that your AGI does not reasonably reflect your current income; (2) you believe that your AGI does not reasonably reflect your current income; or (3) you have notified your loan holder that you were not required to file a federal income tax return for the most recently ended tax year. Use of alternative documentation of income to determine your IBR eligibility and payment amount is at the discretion of your loan holder.
- When you have a partial financial hardship, your monthly payment amount under the IBR plan will not exceed 15% of the amount by which your AGI exceeds 150% of the poverty guideline amount for your family size and state of residence, divided by 12:

$$\text{Monthly payment} = 15\% [\text{AGI} - (150\% \times \text{applicable poverty guideline amount})] \div 12$$

- After entry into the IBR plan, you must annually certify your family size and provide income documentation for determination of whether you have a partial financial hardship. Your monthly payment amount for the IBR plan may be adjusted annually. It may be higher or lower, depending on the income documentation and family size information you provide each year. Your loan holder will notify you when you are required to provide this documentation.
- For any year you do not have a partial financial hardship, your payment amount will be the payment amount for your loan(s) under the standard repayment plan with a 10-year repayment period, based on the amount owed on your eligible loan(s) at the time you initially entered the IBR plan.
- In some circumstances your IBR plan monthly payment amount may not cover all interest that accrues, and your debt may increase. While you are in repayment under IBR, if your monthly payment amount does not cover all interest that accrues each month, the U.S. Department of Education will pay the unpaid interest on your subsidized Stafford loan(s) and on the subsidized portion of your Federal Consolidation Loan(s) for not more than the first 3 consecutive years after you initially enter the IBR plan. If you receive an economic hardship deferment during this 3-year period, any months of economic hardship deferment will not count toward the 3 consecutive years. The 3-year period will resume when the economic hardship deferment ends.
- Accrued interest is capitalized at the time you choose to leave the IBR plan or no longer have a partial financial hardship.
- If your loan(s) is not repaid in full after you have made the equivalent of 25 years of qualifying monthly payments and at least 25 years have elapsed, any remaining debt will be eligible for forgiveness. If you receive an economic hardship deferment, any months of economic hardship deferment are considered the equivalent of qualifying payments. Months for which you receive any other type of deferment or months of forbearance are not counted as qualifying payments, and do not count toward the 25-year period.

## SECTION 8: WHERE TO SEND THE COMPLETED INCOME-BASED REPAYMENT PLAN REQUEST

Return the completed IBR Plan Request and any required documentation to:  
(If no address is shown, return to your loan holder.)

South Carolina Student Loan  
Repayment Services  
PO Box 21337  
Columbia, SC 29221

If you need help completing this form, call:  
(If no telephone number is shown, call your loan holder.)

Local: (803) 798-0916  
Toll Free: (800) 347-2752

**SECTION 9: IMPORTANT NOTICES**

**Privacy Act Notice**

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you is §428(b)(2)(A) et seq. of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically. The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions efficiently to submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0102. The time required to complete this information collection is estimated to average 0.33 hours (20 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:**

U.S. Department of Education, Washington, DC 20202-4651

**If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown in Section 8.**



IBR ALT DOC

# Income-Based Repayment Plan Alternative Documentation of Income Federal Family Education Loan Program

OMB No. 1845-0102  
Form Approved  
Exp. Date 04/30/2013

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN | | | | | - | | | | | - | | | | |

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

## SECTION 2: INSTRUCTIONS AND INFORMATION

Type or print using dark ink. If you need help completing this form, contact your loan holder. Return the completed form and any required documentation to the address shown in Section 6.

Complete this form if you want to repay or continue to repay your eligible Federal Family Education Loan Program (FFELP) loan(s) under the Income-Based Repayment (IBR) plan and:

- (1) You believe that your adjusted gross income (AGI), as reported on your most recently filed federal income tax return, does not reasonably reflect your current income (and/or your spouse's current income, if you are married and file a joint federal income tax return); your loan holder will make this determination based on the information you provide with this form;
- (2) Your loan holder has requested that you provide alternative documentation of income because your loan holder believes that your adjusted gross income (AGI), as reported on your most recently filed federal income tax return, does not reasonably reflect your current income (and/or your spouse's current income, if you are married and file a joint federal income tax return);
- (3) You have been notified by your loan holder that the Internal Revenue Service (IRS) is unable to provide your loan holder with documentation of your AGI; or
- (4) You have notified your loan holder that you are not required to file a federal income tax return for the most recently ended tax year.

The amount of your monthly payment under the IBR plan is based on your current income (and your spouse's current income, if you are married and file a joint federal income tax return) and is reevaluated annually. To submit alternative documentation of your income, you must attach documentation of that income as described in Section 4, complete this form, including your signature in Section 5, and return it to the address shown in Section 6. If you are married and file a joint federal income tax return, your spouse must also sign in Section 5.

## SECTION 3: SPOUSE INFORMATION (IF YOU ARE MARRIED AND FILE A JOINT FEDERAL INCOME TAX RETURN)

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number and Street City State Zip Code

## SECTION 4: INCOME INFORMATION (MUST BE COMPLETED BY THE BORROWER AND SPOUSE, IF MARRIED AND FILE A JOINT FEDERAL INCOME TAX RETURN)

You must provide your total annual taxable income from all sources that you currently receive (for example, income from employment, unemployment income, dividend income, interest income, tips, alimony). If you are married and file a joint federal income tax return, you must also provide your spouse's annual taxable income. **Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.**

You must provide supporting documentation for all income (yours and your spouse's) reported in this section (for example, pay stubs, letters from your employers listing income, interest or bank statements, dividend statements), or, if these forms of documentation are unavailable, a signed statement explaining the income source(s) and giving the name and the address of the source(s). The date on any supporting documentation you provide must be no older than 90 days from the date you sign this form.

Your eligibility for the IBR plan and your payment amount will be determined based on your annual income as supported by the documentation you provide.

- Check this box if you do not have any income or receive only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.
- Check this box if you are married and file a joint federal income tax return and your spouse does not have any income or receives only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

Complete the items below by entering your annual taxable income (as defined above).

Your annual taxable income: \$ \_\_\_\_\_ (as supported by the documentation you provide)

Your spouse's annual taxable income, if you are married and file a joint federal income tax return: \$ \_\_\_\_\_ (as supported by the documentation you provide)

## SECTION 5: AUTHORIZATION, UNDERSTANDINGS, CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE BORROWER AND SPOUSE, IF MARRIED AND FILE A JOINT FEDERAL INCOME TAX RETURN)

- I **authorize** the school, the lender, the guarantor, the U.S. Department of Education, and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.
- I **understand** that my income information may be requested from the IRS even if alternative documentation of my income is accepted. I understand that if I am married and file a joint federal income tax return with my spouse, my spouse's income information, documentation, and signature are required. I understand I must agree to provide to the loan holder on an annual basis documentation of my income for the purpose of determining my monthly payment amount under the IBR plan.
- I **certify** that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Borrower Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Spouse Signature (if required) \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

**SECTION 6: WHERE TO SEND THE COMPLETED IBR PLAN ALTERNATIVE DOCUMENTATION OF INCOME FORM**

Return the completed IBR Plan Alternative Documentation of Income form and any required documentation to: (If no address is shown, return to your loan holder.)

South Carolina Student Loan  
Repayment Services  
PO Box 21337  
Columbia, SC 29221

If you need help completing this form, call:  
(If no telephone number is shown, call your loan holder.)

Local: (803) 798-0916  
Toll Free: (800) 347-2752

**SECTION 7: IMPORTANT NOTICES**

**Privacy Act Notice**

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you is §428(b)(2)(A) et seq. of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1078(b)(2)(A) et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically. The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions efficiently to submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0102. The time required to complete this information collection is estimated to average one hour (60 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:**

U.S. Department of Education, Washington, DC 20202-4651

**If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown in Section 6.**

# Short Form Request for Individual Tax Return Transcript

Department of the Treasury  
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**

**Tip:** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

<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
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

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**4** Previous address shown on the last return filed if different from line 3

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number
------------------	------------------

Address (including apt., room, or suite no.), city, state, and ZIP code

**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

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**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign.

**Note.** This form must be received within 60 days of signature date.

<b>Sign Here</b>	▶ <b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	▶ <b>Spouse's signature</b>	Date	

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

## Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

**Signature and date.** Form 4506T-EZ 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 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**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. Sections 6103 and 6109 require you to provide this information, including your SSN. 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, and the District of Columbia 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.