

SECTION 6: INSTRUCTIONS

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 9.

SECTION 7: DEFINITIONS

- **Capitalization** is the addition of unpaid interest to the principal balance of your loan. This will increase the principal and the total cost of your loan.
- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- **Forbearance** means permitting the temporary cessation of payments, allowing an extension of time for making payments, or temporarily accepting smaller payments than previously scheduled. You are responsible for paying the interest that accrues on your loan(s) during a forbearance. If you do not pay the interest that accrues, the interest may be capitalized.
- The **holder** of your FFEL Program loan(s) may be a lender or secondary market.
- **Income-based repayment** is a repayment plan with payments based on income and family size. Features of the IBR plan include:
 - To qualify you must demonstrate you have a **partial financial hardship** which means the annual amount due on all of your eligible loans exceeds 15 percent of the difference between your adjusted gross income (AGI) as shown on your federal income tax return and the poverty line income amount for your family size. The annual amount due is calculated as of the time you initially entered repayment using a standard repayment plan with a 10-year repayment period. Your AGI includes your spouse's income if you are married and you and your spouse file a joint federal income tax return.
 - When you have a partial financial hardship, your monthly payment will not exceed one-twelfth of 15% of the amount your AGI exceeds 150% of the poverty line income amount for your family size.
 - Your payment amount for the IBR plan will be evaluated and established each year. After entry into the IBR plan, you must annually provide documentation if you want a payment based on your having a partial financial hardship.
 - 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 at the time you initially entered the IBR plan, based on a 10-year repayment period.
 - In some circumstances your payment amount may not cover all interest that accrues, and your debt may increase. The federal government will pay unpaid interest on your subsidized Stafford loan(s) for the first 3 consecutive years of your IBR plan repayment period.
 - Accrued interest is capitalized at the time you choose to leave the IBR plan or no longer have a partial financial hardship.
 - If after 300 months of qualifying payments and/or use of economic hardship deferment, your loan(s) is not repaid in full, any remaining debt will be submitted for forgiveness.
- **Initial standard monthly payment** is what your monthly payment would have been under a standard, 10-year payment schedule, based on the outstanding balance when you first entered repayment. You can obtain this amount from the repayment disclosure you received at that time in most circumstances. Otherwise, you may need to contact your loan holder to obtain this information.
- **Loans eligible for the IBR plan** are FFELP loans except a loan that is in default, a Federal PLUS Loan made to a parent borrower, or a Federal Consolidation Loan that repaid a Federal PLUS Loan or Federal Direct PLUS Loan made to a parent borrower.
- **Loans ineligible for the IBR plan** include a FFELP loan in default, a Federal PLUS Loan made to a parent borrower, a Federal Consolidation Loan that repaid a Federal PLUS Loan or Federal Direct PLUS Loan made to a parent borrower, a Federal Perkins Loan, a HEAL loan, and any private education loan.

SECTION 8: HOW TO DETERMINE IF YOU ARE ELIGIBLE

You can visit an IBR plan calculator available at studentaid.ed.gov to enter your debt and income information and receive an evaluation of your eligibility for the IBR plan and an estimate of your IBR plan payment amount. The calculator is for informational purposes only; your loan holder will make the official determination of your eligibility and payment amount based on your application and other required documentation.

SECTION 9: WHERE TO SEND THE COMPLETED INCOME-BASED REPAYMENT APPLICATION

Return the completed IBR application and any required documentation to:

If you need help completing this form, call:

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

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

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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

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

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
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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.

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.

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

Federal Family Education Loan Program (FFELP)

Income-Based Repayment (IBR) Plan

Alternative Documentation of Income

SECTION 1: BORROWER INFORMATION

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

Complete this form if:

- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and your adjusted gross income (AGI), as reported on your most recently filed federal 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 tax return).
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have not been required to file a federal tax return.
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have been notified that the Internal Revenue Service (IRS) is unable to provide your loan holder with your AGI.

The amount of your monthly payment under the IBR plan is based on the current income information you (and your spouse if you are married and file jointly) provide and is reevaluated annually.

To submit alternative documentation of your income, you must attach the required documentation specified in Section 4, complete and sign this form in Section 5, and return it to the address shown in Section 6. If you are married and file joint federal tax returns, your spouse must also sign in Section 5.

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

Name _____
 Last First Middle Initial
 Address _____
 No. and Street City State Zip Code

SECTION 4: INCOME INFORMATION (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

You must list all taxable income you are currently receiving (for example, income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer or the source of the income. If you are married and file a joint federal tax return, you must also list your spouse's income and provide documentation of this income. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If there is insufficient space below to enter all of your sources of income, write the required information for additional income on a separate page and attach it when you submit this form. Your IBR plan eligibility will be determined using a calculated annual income amount based on the frequency indicated in the table below.

You must provide supporting documentation for all income reported in this section (for example, pay stubs, letters from your employer containing your income, interest or bank statements, dividend statements, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). **All supporting documentation must be no more than 90 days old.**

Amount of Income	Frequency of Income (Check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

SECTION 5: AUTHORIZATION, UNDERSTANDINGS, CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan request(s) or 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 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 appropriate payment amount under the IBR plan.

I certify that all of the information reported on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

Borrower Signature _____

Date _____

Spouse Signature _____

Date _____

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

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

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

SC Student Loan
PO Box 21337, Columbia, SC 29221

1 (800) 347-2752