



UNIVERSAL TUITION ASSISTANCE APPLICATION FOR SEPTEMBER 2019

Account No. _____

Participating Schools *Check off schools to which you are applying*

- Barkai Yeshivah Hillel Yeshiva Ilan High School Magen David Yeshivah YDE Yeshivah of Flatbush

Family Name _____ Address _____

Father's First Name _____

Mother's First Name _____ City, State _____ Zip _____

Instructions:

1. This application form is divided into sections allowing you to list your family's income, expenses, assets, and liabilities for the current and previous year. Please fill in all items as accurately and completely as possible.
2. Applications cannot be processed unless completed with all information requested.
3. Attach the deposit/registration fees, as required by your school.
4. Additional information may be requested.
5. If there have been significant changes in your combined family income and expenses, or there is something the Tuition Assistance Committee needs to know, please attach a letter explaining the circumstances.
6. Submit FACTS or TADS online application, if required by school.
7. If applying to multiple schools, please send copies of this application to EACH school applying to.
8. **PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE BLANKS. If not applicable, enter N/A.**

NOTE: SEE ADDENDUM FOR ADDITIONAL ITEMS REQUIRED BY SOME YESHIVOT.

Document Checklist (copies)

- Completed application.
- Credit report for both parents from Equifax (800.685.1111) or Experian (888.397.3742).
- Signed copies of most recent federal (1040) tax returns for both personal and business including all schedules, the K-1 form on the business returns (1065 K-1, 1120 K-1, 1041 K-1). If parent is new to the school, provide two years of tax returns. Must be signed by tax preparer.
- Signed copies of most recent federal business returns (1065 K-1, 1120S K-1, 1041 K-1) in which parent has an ownership interest.
- Driver's license for both parents.
- All vehicle registrations, auto insurance, car leases and purchase agreements.
- If separated or divorced, a copy of divorce decree, separation agreement, or court order of support verifying information.
- Year-end mortgage statement and most recent mortgage statement or rental agreement for all properties.
- All credit card statements, bank and brokerage statements for past 12 months – both personal and business – all accounts.
- Most recent cell phone statement.
- Property tax bill for all properties.
- Points and mileage statements for past 12 months.
- Copy of all lease/rent receipts, including summer rental.
- Copies of other school bills including college and graduate school from 2017-2019.
- Copies of all camp bills.
- Signed Form 4506 T (Tax Information Authorization).
- Copies of current year tuition bills and scholarship decisions from other schools your children may attend.

A. NAME / ADDRESS

Family Name	Father's First Name	Mother's First Name	Mother's Maiden Name
Father's Social Security #	Father's Email	Mother's Social Security #	Mother's Email
Home Address		City, State	Zip Code
Home Phone	Business Phone	Father's Cell	Mother's Cell

Household Size:

_____ Number of Adults _____ Number of Children

Parent(s) is/are now (check all that apply):

- Married Separated Single Parent Divorced
 Father Deceased Mother Deceased Mother Remarried Father Remarried

Student lives with:

- Both Parents Mother Father Other*

*Other's name and relationship to student: _____
 Name(s) of step-parent(s) (if applicable): _____
 Name and address to which school billing is to be sent: _____

B. COMMUNITY INVOLVEMENT

Synagogue Affiliation(s)	Community Center	Other Memberships, including Gym
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C. CHILDREN ATTENDING OR ENTERING YESHIVA IN SEPTEMBER 2019

Note: Begin with youngest child

Child's Name	Age	Gender	Grade 9/2019	Date of Birth	Yeshiva Attending 9/2019	School Attended in 2018/2019	Full Tuition 2018/2019	Amount Actually Paid 2018/2019

Submit copies of tuition bills, loans and tuition assistance decisions

D. OTHER DEPENDENT CHILDREN IN FAMILY

Child's Name	Age	Name of Institution (if attending school/college in 9/2019)	Gross Tuition 2018/2019	Net Tuition After Assistance 2018/2019	Who Pays?	Net Tuition After Assistance 2019/2020

How does your child travel to and from school?

Car Pool
 Car Service (cost: \$_____)
 Public bus
 Private (cost: \$_____)
 Other _____

List Other Members of Your Household Not In School

Name	Age	Relationship	Occupation	Annual Income 2018

E. FATHER'S EMPLOYMENT

Employed
 FT
 PT

 Unemployed

Name of Business		Job Title	Years with Company	Phone
Your Position <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Profit Sharer <input type="checkbox"/> Employee		Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Professional		Fax
Address		City, State		Email
Names of Owners of Business			Zip Code	
Names of Owners of Business				Relationship to Owner, if any
Check benefits your company gives you and estimate annual cost to your company				
<input type="checkbox"/> Health Insurance \$ _____		<input type="checkbox"/> Retirement Contribution \$ _____		
<input type="checkbox"/> Automobile \$ _____		<input type="checkbox"/> Other \$ _____		
<input type="checkbox"/> Tuition \$ _____				
Annual Gross Salary (including commissions) \$ _____		Other Income /Year \$ _____		Source _____
Do you hold a second job?	Position		Hours per Week	Weekly Salary
Name of Business	Job Title	Years with Company	Phone Fax Email	
Address	City, State		Zip Code	

F. MOTHER'S EMPLOYMENT

Employed FT PT Unemployed

Name of Business	Job Title	Years with Company	Phone
			Fax
Your Position <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Profit Sharer <input type="checkbox"/> Employee		Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Professional	Email
Address	City, State		Zip Code
Names of Owners of Business			Relationship to Owner, if any
Check benefits your company gives you and estimate annual cost to your company			
<input type="checkbox"/> Health Insurance \$ _____		<input type="checkbox"/> Retirement Contribution \$ _____	
<input type="checkbox"/> Automobile \$ _____		<input type="checkbox"/> Other \$ _____	
<input type="checkbox"/> Tuition \$ _____			
Annual Gross Salary (including commissions) \$ _____	Other Income /Year \$ _____	Source _____	
Do you hold a second job?	Position	Hours per Week	Weekly Salary
Name of Business	Job Title	Years with Company	Phone Fax Email
Address	City, State		Zip Code

G. CARS USED IN HOUSEHOLD

Year/Model	Year leased or purchased	Purchase price	Lease / loan payment per month	Length of lease / loan in months	Driven by	Company Car Yes / No	Paid by

Explain why you own/lease more than one vehicle. _____

H. HOUSEHOLD HELP

<input type="checkbox"/> None	<input type="checkbox"/> Day Worker _____ Days and hours per week	<input type="checkbox"/> Live In	Weekly Household Help Expense \$ _____
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I. RESIDENCE INFORMATION (if renting, skip to J)

Primary Home

Year Home Was Purchased	Address
Purchase Price	
Down Payment	Mortgage Term
Monthly Mtg. Payment	When refinanced?
Principal Outstanding	Can you refinance again?
Current Market Value	Bank or Mortgage Holder
Interest Rate	Years remaining on loan
HELOC (Home Equity Line of Credit) Balance	HELOC Payment
Type of home <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more	If other than 1 family, income from apartment(s): \$ _____

Second Home (summer home, condo, time share)

Year Home Was Purchased	Address
Purchase Price	
Down Payment	Mortgage Term
Monthly Mtg. Payment	When refinanced?
Principal Outstanding	Can you refinance again?
Current Market Value	Bank or Mortgage Holder
Interest Rate	Years remaining on loan
HELOC (Home Equity Line of Credit) Balance	HELOC Payment
Type of home <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more	If other than 1 family, income from apartment(s): \$ _____

If a second home is owned, please explain why equity cannot be leveraged to cover tuition expenses.

J. RENTER'S INFORMATION

Monthly rent: \$ _____	Number of rooms:	Number of years at present address:	Address:	
Do you pay for heat? \$ _____	Water? \$ _____	Gardening? \$ _____	Name of Owner	Relationship to Owner
Type of home <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more			Previous address if less than 2 years at present address:	

K. OTHER REAL ESTATE INCLUDING INVESTMENT PROPERTIES

(attach separate page if necessary)

Year Purchased	Address
Purchase Price	
Down Payment	Mortgage Term
Monthly Mtg. Payment	When Refinanced?
Principal Outstanding	Can you refinance again?
Current Market Value	Commercial or Residential
Income/Loss	Owner Entity
Bank or Mortgage Holder	Interest Rate
	Years remaining on loan
Type of Property <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> Other _____ <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more	If other than 1 family, income from apartment(s): \$ _____

Year Purchased	Address
Purchase Price	
Down Payment	Mortgage Term
Monthly Mtg. Payment	When Refinanced?
Principal Outstanding	Can you refinance again?
Current Market Value	Commercial or Residential
Income/Loss	Owner Entity
Bank or Mortgage Holder	Interest Rate
	Years remaining on loan
Type of Property <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> Other _____ <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more	If other than 1 family, income from apartment(s): \$ _____

Year Purchased	Address
Purchase Price	
Down Payment	Mortgage Term
Monthly Mtg. Payment	When Refinanced?
Principal Outstanding	Can you refinance again?
Current Market Value	Commercial or Residential
Income/Loss	Owner Entity
Bank or Mortgage Holder	Interest Rate
	Years remaining on loan
Type of Property <input type="checkbox"/> 1 Fam <input type="checkbox"/> 2 Fam <input type="checkbox"/> Other _____ <input type="checkbox"/> 3 Fam <input type="checkbox"/> 4 or more	If other than 1 family, income from apartment(s): \$ _____

Please explain why equity cannot be leveraged to cover tuition expenses. Attach K-1.
 If you have additional properties, attach list on a separate page with the same information.

L. ASSETS OF ALL MEMBERS OF HOUSEHOLD

Bank Accounts Bank Name, Account #, Account Type	Dollar Value Parents	Dollar Value Children
1.		
2.		
3.		
4.		
5.		
Current Value of Stocks, Mutual Funds, Bonds and Marketable Securities		
Total Retirement Assets (401k, IRA, Keogh)		
529 / UGMA / UTMA Assets		
Trust accounts held in the children's names		
Real estate (current value of Primary residence less balance due on mortgage)		
Real estate (current value of Secondary Residence less balance due on mortgage)		
Cash surrender value of life insurance policies		
Grand Total		

M. ANNUAL INCOME

	2019 Estimate	2018	2017
Salary and bonuses from W-2 (father)			
Salary and bonuses from W-2 (mother)			
Tax Refund (Federal, State, City)			
Alimony / Child Support Received			
K-1 Income / Loss			
All Business income (Commissions)/(loss)			
Capital Gain / (Loss)			
Retirement Account Distributions			
Rental Income			
Unemployment Compensation			
Gifts / Assistance from Family or Friends			
Interest and Dividends			
Other Income Sources not listed (Source: _____)			
Investment Income (Please specify)			
Net disposable income			

N. OTHER FUNDING

Do you receive any of the following subsidies?

<input type="checkbox"/> Disability	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> Welfare	\$ _____	<input type="checkbox"/> WIC	\$ _____
<input type="checkbox"/> Alimony	\$ _____	<input type="checkbox"/> SSI / SSDI	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> SFF Support	\$ _____
<input type="checkbox"/> Medicaid	\$ _____	<input type="checkbox"/> Other, including Family	\$ _____

Do you receive funding from other sources towards tuition? Please explain in detail.

O. VACATIONS

In each box, specify where you vacationed (city and hotel/address), length of stay, cost, and who paid for the vacation. Note: if vacation was paid with points, provide evidence of points.

	Where? Hotel / Address / Length of Stay	Hotel Cost	Airfare Cost	Cost of Car Rental	Cost of Activities	Who Paid	Paid with Points
Sukkot							
2017 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2018 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2019 <input type="checkbox"/> Yes <input type="checkbox"/> No							
Thanksgiving							
2017 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2018 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2019 <input type="checkbox"/> Yes <input type="checkbox"/> No							
Winter Break							
2017 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2018 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2019 <input type="checkbox"/> Yes <input type="checkbox"/> No							
Pesach							
2017 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2018 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2019 <input type="checkbox"/> Yes <input type="checkbox"/> No							
Summer							
2017 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2018 <input type="checkbox"/> Yes <input type="checkbox"/> No							
2019 <input type="checkbox"/> Yes <input type="checkbox"/> No							

P. HOME IMPROVEMENTS / DECORATING / FURNITURE

Note: Please include copies of invoices, statements, cancelled checks, etc.

Improvements, Decorating, Furniture	Company Store	Dates	Cost

Q. FAMILY OCCASIONS

Please list any occasions you held in the past 2 years and any expected in the next 2 years.

Occasion (Weddings, Bar Mitzvah, etc.)	Reception Hall or Synagogue	Date	Cost of Occasion	Who Paid / Is Paying?

R. SUMMER CAMP / ACTIVITY

Child's Name	Name of Camp	Cost 2018	Who Paid?	Expected Cost 2019

S. LIABILITIES (attach separate list if necessary)

Include mortgage, personal loans, lines of credit, HELOC (home equity), credit cards, and car leases.

Creditor	Amount of Liability	Monthly Payments

T. EXPENSES

Item	Monthly	Annual
1. Rent or Mortgage (principal and interest)		
2. Real Estate Tax (if not included in mortgage)		
3. Home Insurance		
4. Electric		
5. HELOC (Home Equity Line of Credit) / 2nd Mortgage		
6. Home Insurance		
7. Gas or Heating Oil		
8. Yeshiva Tuition (listed in C)		
9. Education – Other Tuition (listed in D)		
10. Car Payments		
11. Automobile Insurance		
12. Alimony / Child Support		
13. Child Care / Infant Nurse		
14. Life Insurance		
15. Health Insurance and Other Medical Expenses		
16. Cable TV – Internet Service		
17. Telephone		
18. All Cell Phones in Family		
19. Clothing		
20. Housekeeper (multiply by 52 for annual)		
21. Weekly Household Expense (multiply by 52 for annual)		
22. Loan Payments <i>(include credit cards if balance is from previous year)</i>		
23. Amount Contributed to 401K / IRA / Pension		
24. Amount Contributed to 529 / UGMA / UTMA		
25. Charitable Donations, Synagogue Membership / Holiday Seats		
26. Taxes – other than real estate tax		
27. Transportation to / from Work and School		
28. Recreation – Tennis, Golf, etc.		
29. Gym Membership / Personal Trainer		
30. Camp		
31. Vacation		
32. Extra Curricular Activities		
33. Other – Please specify		
Total		

Attach an explanation for why income exceeds expenses or how expenses exceed income.

U. MISCELLANEOUS

Are you involved in any open Foreclosure or Bankruptcy proceedings? No Yes

If yes, please provide address and status. _____

Are you or anyone in your household subject of any actual, pending, or threatened litigation?

No Yes If yes, please describe. _____

Are there any unsatisfied judgments outstanding against you (or anyone in your household)?

No Yes If yes, please describe. _____

V. VOLUNTEER COMMITMENT

IT IS THE OBLIGATION OF EVERY PARENT TO HELP THE SCHOOL AS A CONDITION OF TUITION ASSISTANCE .
(PLEASE INDICATE THE CATEGORIES OF PREFERENCE).

FUNDRAISING

SCHOOL SERVICES

CHAPERONE

TELEPHONE ASSISTANCE

ALUMNI

MINYAN

OFFICE ASSISTANCE

PARENTS ASSOCIATION

Did you volunteer in school last year? Provide Details _____

Which parent is available to assist? _____ When is the best time to reach you? _____

W. PERSONAL

If divorced, please indicate who is responsible for tuition obligations: _____

If there has been an appreciable recent change in your combined family income or expenses, please explain in detail. (Use additional page if needed.)

Explain your circumstances and request for assistance in detail. (Use additional page if needed.)

X. ASSISTANCE REQUESTED

We hereby request the following tuition assistance for the 2019/2020 academic year.

Tuition Amount able to pay \$ _____ Per month/12 months

I hereby affirm that the information contained herein and all documents submitted herewith are true and correct. I am aware that in case the Yeshivah finds any of the information in this application to be false or incomplete, I may be required to forfeit all financial assistance and be responsible to pay full tuition retroactively for my children.

I authorize the Committee to request credit and/or asset information about the undersigned and/or to obtain copies of the undersigned's tax returns (signed form 4506T attached) and to obtain my credit report in order to process or verify any information contained herein or in any of the documents submitted by the undersigned in connection with this application. I understand that this report will be held in the strictest confidence and will not be revealed to any other organization or agency under any circumstances whatsoever.

It is agreed that the grant of tuition assistance is conditioned on full payment, in a timely fashion, of the reduced balance due under the enrollment contract. The Yeshivah will have the right to reverse tuition assistance in the event of payment default.

In the event that any information submitted herewith is inaccurate, false or otherwise misleading in the opinion of the Committee, or the financial condition of the undersigned improves in the future, the undersigned hereby agrees to forfeit and return to the Yeshivah any and all moneys provided to the undersigned as financial assistance at any time, including past, present, and future financial assistance. The undersigned shall also be precluded and disqualified from applying for any future financial assistance. In the event that collection of these amounts from the undersigned becomes necessary, the undersigned will also be responsible to reimburse the Yeshivah for all costs of collection, including costs of investigation and reasonable attorneys' fees.

Please provide the contact information of your tax preparer. Upon signing this application, you authorize the Yeshivah to contact your tax preparer with regard to information provided in this application.

Tax Preparer Name: _____ Phone Number: _____

Y. CERTIFICATION AND PERMISSION TO OBTAIN CREDIT INFORMATION

I give permission for the school Tuition Assistance Committee to obtain my credit report. I understand that this report will be held in the strictest confidence and will not be revealed to any other organization or agency under any circumstances whatsoever.

Father's Name	
Social Security #	Date of Birth
Father's Signature	Date

Mother's Name	
Social Security #	Date of Birth
Mother's Signature	Date

ADDITIONAL INFORMATION

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.	
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 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

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.

| / / | / / | / / | / /

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

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 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov 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 P-6 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, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84400 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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
and Publications Division
Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

YESHIVAH OF FLATBUSH ADDENDUM

1. Attach Credit Report for Both parents from Equifax (800.685.1111) or Experian (888.397.3742).
2. This application as well as the FACTS on-line application must be completed by March 26, 2019.