

Bienvenido(a) a JPS Connection

Gracias por darle a JPS Health Network la oportunidad de proporcionarle cuidado médico.

JPS Health Network le ayuda a usted y a su familia a tener acceso a cuidado médico. JPS Connection proporciona acceso a cuidado médico accesible con copagos económicos para las citas con el doctor(a), para las citas de cuidado médico especializado y para los medicamentos recetados.

JPS le ofrece asistencia financiera a las personas que son elegibles. Nosotros atendemos las necesidades de cuidado médico de todos(as) los(as) pacientes, independientemente de su capacidad de poder pagar. Los miembros del Programa de JPS Connection tienen el beneficio de tener un hogar médico, lo que significa que usted y su familia tienen un médico o un(a) enfermero(a) de práctica avanzada asignado(a) a usted y a su familia. Usted tendrá acceso a cuidado médico preventivo, tal como exámenes físicos y pruebas de detección lo que le ayudará a mantenerse saludable y fuera de la sala de emergencias.

La elegibilidad para JPS Connection se determina en base a la revisión de una solicitud completa y los documentos de respaldo. Los requisitos mínimos para recibir la asistencia son:

- 1. Residencia:** La persona que está aplicando debe vivir en el Condado Tarrant.
- 2. Ciudadanía:** La persona que está aplicando debe ser ciudadano(a) estadounidense o residente legal permanente.
- 3. Ingresos:** Los ingresos brutos mensuales del hogar no deben exceder el 250% del Límite Federal de Ingresos por Pobreza (**FPIL, por sus siglas en inglés**).
- 4. Cobertura de Cuidado Médico:** La persona solicitante debe buscar y aceptar toda la asistencia de seguros médicos que tenga disponible antes de recibir cualquier asistencia de JPS Connection.

El programa de JPS Connection ofrece asistencia para los servicios proporcionados por JPS Health Network. La asistencia también podría estar disponible para las visitas previas si usted califica. A los(as) pacientes y sus familias no se les cobrará más de lo que generalmente se le cobra a los(as) pacientes que tienen seguro médico por cuidado médico de emergencia o por otros cuidados médicos medicamente necesarios.

Las aplicaciones están disponibles en todas las áreas de registración para pacientes en los Centros de Elegibilidad y en la Sala de Emergencias. Usted también puede descargar u obtener una copia de la aplicación en JPSConnection.org. Nosotros podemos hacer arreglos para obtener servicios de interpretación si usted lo solicita.

Cómo Aplicar Para una Membresía

1. Complete la aplicación o solicitud y reúna los documentos requeridos.
2. Envíe la aplicación o solicitud y los documentos a uno de los Centros de Elegibilidad de JPS.
 - En persona en cualquiera de los Centros de Elegibilidad de JPS
 - Por fax: **817-702-3834**
 - Por correo electrónico: **enroll@jpshealth.org**
 - Por correo postal: JPS Eligibility Center
1325 S. Main Street
Fort Worth, TX 76104

Cómo Renovar su Membresía

1. Empiece el proceso de renovación en: **ola.veritysource.com/jps**.
2. Usted necesitará su número de expediente médico para completar su renovación en línea. Si usted no sabe su número de expediente médico, por favor comuníquese con nosotros al **817-702-1001**. Si usted recibe un mensaje de error después de enviar su aplicación de renovación, esto lamentablemente significa que usted no es elegible para renovar su solicitud en línea en este momento y necesita volver a reaplicar para la membresía.

Ubicaciones de los Centros de Elegibilidad e Inscripción

John Peter Smith Hospital - Admissions
1500 S. Main Street, Fort Worth, TX 76104

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

Eligibility & Enrollment Center - Main Campus
1325 S. Main Street, Fort Worth, TX 76104

De lunes a viernes
De 8:00 a.m. a 6:00 p.m.

Eligibility & Enrollment Center - Arlington
501 W. Main Street, Arlington, TX 76010

De lunes a viernes
De 8:00 a.m. a 5:00 p.m.

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

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

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

De lunes a viernes
8 a.m. - 6 p.m.
Tercer sábado del mes
De 8:00 a.m. al medio día

Medical Home Southeast Tarrant
1050 W. Arkansas Lane, Arlington, TX 76013

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

Oncology & Infusion Center
1450 8th Avenue, Fort Worth, TX 76104

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

Family Health Center
1500 S. Main Street, 4th Floor, Fort Worth, TX 76104

Los martes y jueves
De 8:00 a.m. a 4:30 p.m.

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

De lunes a viernes
De 8:00 a.m. a 6:00 p.m.
Cuarto sábado del mes
De 8:00 a.m. al medio día

Viola Pitts-Como Health Center
4701 Bryant Irvin Road North, Fort Worth, TX 76107

De lunes a viernes
De 8:00 a.m. a 6:00 p.m.
Segundo sábado del mes
De 8:00 a.m. al medio día

Gertrude Tarpley-Watauga Health Center
6601 Watauga Road, Suite 124, Watauga, TX 76148

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

Medical Home Northeast Tarrant
3200 W. Euless Boulevard, Euless, TX 76040

De lunes a viernes
De 8:00 a.m. a 6:00 p.m.
Primer sábado del mes
De 8:00 a.m. al medio día

JPS Center for Behavioral Health Recovery
601 W. Terrell Avenue, Fort Worth, TX 76104

De lunes y viernes
De 8:00 a.m. al medio día
Los miércoles
De 12:30 p.m. a 4:30 p.m.

Medical Home True Worth
1501 E. Presidio Street, Fort Worth, TX 76102

De lunes a viernes
De 8:00 a.m. a 4:30 p.m.

Documentos Requeridos

Por favor proporcione todos los documentos que apliquen de las siguientes categorías: Tenga en cuenta que al recibir la documentación, se le podría pedir que proporcione información adicional.

- 1. Prueba de identificación:** debe proporcionar uno de los siguientes documentos o comunicarse con la oficina para que le informemos de otras opciones.
 - Licencia de conducir o tarjeta de identificación del estado
 - Identificación emitida por el gobierno
 - Acta de Nacimiento (Para menores de 19 años)
 - Tarjeta de escaneo para personas sin hogar
 - Tarjeta de identificación del trabajo actual (con foto)
 - Tarjeta de identificación Escolar Actual (con foto)
 - Pasaporte
- 2. Documentación de Inmigración:** para todos los miembros del hogar que están aplicando para el programa.
 - Tarjetas de Residencia, Certificados de Naturalización, Actas de Nacimiento, Tarjetas I-94, Visas de Inmigrante Endosadas con el sello I-551 o Pasaportes
 - Número de Registro de Extranjero Para verificación
- 3. Estados de Cuenta Bancarios, Inversiones y Declaraciones de Impuestos:** Se requiere que presente todas las páginas.
 - - Estados de Cuenta de Cheques y de Ahorros más recientes (se requiere que presente todas las páginas)
 - - Formulario 4506T del IRS para uso personal y comercial, si usted trabaja por cuenta propia
 - - Estado de cuenta más reciente de Certificados de Depósito, de Cuentas Individuales de Jubilación (**IRA, por sus siglas en inglés**) y de otras inversiones
- 4. Comprobante de Empleo y de Ingresos:** Usted debe proporcionar comprobantes de ingresos de un mes.
 - Talones de Cheques de Nómina o de Pago
 - Formulario de Verificación de Empleo
 - Carta de Beneficios Actual para la Seguridad de Ingreso Suplementario (**SSI, por sus siglas en inglés**), Jubilación, Seguro por Sobrevivientes y Discapacidad (**RSDI por sus siglas en inglés**), Beneficios Para Veteranos, Seguro Social, Asistencia Temporal Para Familias Necesitadas (**TANF, por sus siglas en inglés**)
 - Compensación del Trabajador
 - Declaración de Ganancias del Empleador en papel membretado
 - Órdenes judiciales/Estado de cuenta de cheques o de tarjeta de débito para manutención infantil o Child Support/pensión alimenticia o Alimony
 - Carta de Beneficios de Desempleo
- 5. Verificación de las fuentes de asistencia:** Proporcione todas las que correspondan.
 - Cartas de Beneficios: del Programa de Estampillas de Comida, del Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o del Programa de Asistencia Para Vivienda
 - Declaración del Refugio Para Personas Sin Hogar de donde reside el(la) paciente y Verificación de Desempleo
 - Formulario de Verificación de Asistencia Completado por la Persona que está proporcionando asistencia
- 6. Número de Seguro Social:** Por favor proporcione el número de seguro social para todos(as) los(as) miembros del hogar que apliquen.

- 7. Prueba de Residencia del(a) Paciente:** Debe proporcionar un mínimo de dos comprobantes.
- Facturas de servicios públicos tal como de luz y agua de teléfono y cable
 - Contrato de Arrendamiento/Declaración de Hipoteca
 - Documentos de Seguro de Automóvil, Seguro de vida, Seguro de Propietarios de Vivienda/Inquilino
 - Correspondencia de la ciudad, condado, estado/agencias federales
 - Registro del Departamento de Vehículos Motorizados de Texas
 - Declaración del Refugio Para Personas Sin Hogar
- 8. Prueba de Cobertura/Seguro Médico:** Proporcione un comprobante para todos los miembros del hogar.
- Copia del Frente y del Reverso de las Tarjetas de Seguro Médico/Dental
 - Llame a la Oficina Para Recibir Asistencia Para la Inscripción o Exención al Marketplace o Mercado de Seguros Médicos en línea (817-702-1001)
- 9. Comprobante de Trabajo por Cuenta Propia:** No se retienen impuestos de los ingresos.
- Tres (3) Formularios de Trabajo por Cuenta Propia
 - Formulario 4506-T

- 10. Fuentes Aceptables Para Verificar las Deducciones del Trabajo por Cuenta Propia:** Si usted desea reclamar los gastos del trabajo por cuenta propia.

- Recibos

- 11. Fuentes Aceptables Para Verificar las Deducciones:** Si usted desea reclamar deducciones por manutención de niños (child support) o por pensión alimenticia (alimony).

- Orden Judicial
- Comunicado de la Fiscalía General (Attorney General's Office)
- Deducciones enumeradas en los talones de cheques más recientes

Tenga en cuenta: *Cualquier persona que con conocimiento mienta o tergiverse la verdad o haga arreglos para que alguien con conocimiento mienta o tergiverse la verdad voluntariamente durante el proceso de completar esta solicitud está cometiendo un delito, que puede ser castigado por la ley federal, la ley estatal o ambas. Si en algún momento se descubre información falsa, las sanciones incluirán, pero no están limitadas a: la pérdida de los beneficios de mi membresía y la imposibilidad de volver a aplicar para el Programa de JPS Connection Para Personas Sin Hogar por un período no menos de noventa (90) días.*

Application for JPS Connection Financial Assistance

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

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

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

Living Arrangements: Own Rent Living with Someone Shelter/Homeless

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

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

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

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

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

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

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

Household Information – Required for each adult member of household

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

"I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it." I authorize JPS Health Network to obtain electronic records for the purpose of making a determination of whether I meet the eligibility requirements for the JPS Connection Program. I also understand that any approval will be conditional based on the information reviewed in my records.

Your Signature _____ Date: _____

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

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

Signature of Applicant's Representative _____ Date: _____

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

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

- JPS Connection is a tax-supported medical program offered to eligible Tarrant County residents. JPS Connection offers low cost medical care available only through JPS Health Network facilities. **I understand that JPS Connection is not an insurance company or an insurance plan.**
- I understand that the JPS Connection does not cover all of the services provided at JPS Health Network including, but not limited to dental, cosmetic procedures, maternity services, assisted reproductive technology, and transplants. Motor vehicle accidents are not covered by JPS Connection when there is the presence of other insurance. JPS Connection remains the payor of last resort for all services.
- I understand that if I am deemed eligible for state or federal assistance, pharmaceutical assistance programs, or insurance, I must comply with seeking that assistance before receiving any assistance from the JPS Connection Program. This includes any third party commercial insurance, Medicaid, VA benefits and/or parts AB&D of Medicare. Failure to do so will make me ineligible for JPS Connection. Documentation provided to JPS Health Network will be used to apply for any coverage for which I may be potentially eligible.
- I authorize the Tarrant County Hospital District of Fort Worth to release any demographic and financial information requested by representatives, agents or intermediaries of local, state, or federal agencies; insurance companies; pharmaceutical assistance programs; or other organizations or entities as may be required by said representative for payment of claims arising from services provided under the JPS Connection Program.
- As a JPS Connection member, I understand I am responsible for the co-payments for services rendered. I have been provided a copy of the JPS Connection Co-pay Schedule.
- I am aware that when JPS Connection is used supplemental to another payor, I am responsible for all physician/professional fees, co-payments and any deductibles related to professional services rendered. This includes, but not limited to, Acclaim, UNT, Sheridan, RadCare, IES or any other professional group you may receive bills from.
- As a JPS Connection member, I understand that I have an obligation to notify the Financial Screening department of JPS Health Network of any changes. I agree to inform the Financial Screening department of the JPS Health Network immediately of any changes in my Tarrant County residence, household income, family size and insurance coverage. Failure to do so, may result in loss of membership benefits.
- I understand that the JPS Connection membership privileges are on a limited time basis. In order to continue receiving a discount on medical services, through the JPS Connection program, it will be necessary to complete another financial screening at the end of my enrollment period. I understand I will be expected to pay all charges incurred after eligibility has expired.
- I acknowledge that should the JPS Health Network receive returned mail, from the mailing address I provided, that my JPS Connection membership privileges will be suspended pending further review.
- I understand that I am responsible for providing true and accurate documentation. If at any time false information is discovered penalties may include, but not limited to, loss of my membership benefits and the inability to reapply for the JPS Connection Indigent Healthcare Program for no less than a period of ninety (90) days.

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

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

JPS Health Network
Verification of Assistance and Residency for
JPS Connection Program

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

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

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

Applicant(s) Address City/Zip Code

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

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

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

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

I provide applicant with the following: Food Personal items Transportation

Cash/Check \$ _____ per Week or Month Other _____

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

Residency Assistance (check all that apply):

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

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

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

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

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

Signature of the Person Providing the Assistance: _____

Address, City, State, Zip: _____

Phone Number: _____

Date signed: _____

**JPS Health Network
Statement of Self-Employment for
JPS Connection Indigent Healthcare Program**

**List your business income and expenses for each month employed up to 3 months (one form per month)
*Important: Receipts or other proof required to deduct expenses.**

Name of Person Having Self-Employment Income:

Describe what you did to earn this money:

How long have you been Self Employed?

| <u>Business Expenses</u> | | | <u>Business Income</u> | | |
|---|-----------------|-----------|---|----------------|-------------|
| Write in the dates you paid the expenses and the amount of each expense. Expenses are your costs of doing business. Ex: supplies, repairs, rent, utilities, seed, feed, business insurance, licenses, fees, your social security contribution for people who worked for you, and labor (not salaries you pay yourself). | | | List dates income was received and the amount for each date. Income includes money from sales, commissions, leases, tips, or whatever you do or sell for money. Ex: babysitting, contract/sub-contract work, landscaping, day labor, panhandling, hairdressers and manicurist | | |
| Date | Type of Expense | Amount | Date | Type of Income | Amount |
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| Total Self-Employment Expenses | | \$ | Total Self Employment Income | | \$ |
| | | | Enter Expenses & Subtract Here | | - \$ |
| | | | Net Self-Employment Income | | = \$ |

"I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I know it." If at any time false information is discovered penalties will include, but are not limited to, loss of my membership benefits and the inability to reapply for the JPS Connection Indigent Healthcare Program for no less than a period of ninety (90) days.

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

| | |
|--|---|
| 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. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

7. **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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

/ / / / / / / / / /

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-C 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-C. See instructions.

| | | | |
|------------------|--|------|---|
| Sign Here | Signature (see instructions) | Date | Phone number of taxpayer on line 1a or 2a |
| | Print/Type name | | |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | | |
| | Spouse's signature | Date | |
| | Print/Type name | | |

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

| If your assigned Service Center is: | Fax the requests with the approved coversheet to: |
|--|---|
| Austin Submission Processing Center | Austin IVES Team 844-249-6238 |
| Fresno Submission Processing Center | Fresno IVES Team 844-249-6239 |
| Kansas City Submission Processing Center | Kansas City IVES Team 844-249-8128 |
| Ogden Submission Processing Center | Ogden IVES Team 844-249-8129 |

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

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 cannot contain an SSN, ITIN or EIN. 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 reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, 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 if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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-C 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 sign Form 4506-C.

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-C 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.
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-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

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