

IN RE: ADMINISTRATIVE ORDER
REGARDING RESIDENTIAL
MORTGAGE FORECLOSURE
DIVERSION PROGRAM

IN THE COURT OF COMMON PLEAS
BERKS COUNTY, PENNSYLVANIA

CIVIL NO. 25-52
CRIMINAL NO. _____

SUPPLEMENTAL ORDER

AND NOW this 5th day of November, 2025 upon consideration of changes involving Berks Community Action Program's ability to assist in the Mortgage Foreclosure Diversion Program, limited community resources, and other circumstances,

IT IS HEREBY ORDERED that the Administrative Order Regarding Residential Mortgage Foreclosure Diversion Program, Civil No. 23-303, Criminal No. CP-06-AD-0000025-2023, dated September 25, 2023 (hereinafter "Current Administrative Order"), shall be changed as follows:

1. Attachment A – Certification shall be in the form attached to this Order, marked Attachment A.
2. Attachment B – Urgent Notice shall be in the form attached to this Order, marked as Attachment B.
3. Attachment C – Conciliatory Conference Disposition Order shall be in the form attached to this Order, marked as Attachment C.
4. Attachment D – Court Administration Cover Letter with Mortgage Foreclosure Diversion Program Checklist, Mortgage Assistance Application, Expense Worksheet, and IRS Form 4506-T shall be in the form attached to this Order, marked as Attachment D.

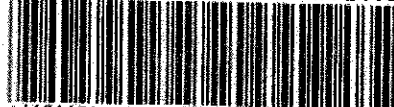
The Current Administrative Order otherwise remains in full force and effect.

BY THE COURT:

Madelynn J. [Signature]
J.

Judicial Administrative Order 25-52

Berks County Prothonotary Office



6101151 R 11/5/2025 10:32 AM



ATTACHMENT A

IN THE COURT OF COMMON PLEAS
OF BERKS COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

No.

, Plaintiff

v.

, Defendant

CERTIFICATION REGARDING STATUS OF FORECLOSED PREMISES

Pursuant to the Administrative Order dated December 1, 2011 establishing the Berks County Residential Mortgage Foreclosure Diversion Program, Civil Docket No. 11-38, and all related Orders entered thereafter, I hereby certify that this action:

Check the appropriate one:

_____ involves a consumer credit transaction (as defined in Pa.R.C.P. 2950) which is secured by a mortgage on owner occupied residential property.

_____ does not involve a consumer credit transaction, or is not secured by a mortgage on owner occupied residential property.

The undersigned verifies that the statements made herein are true and correct to the best of my knowledge, information and belief. I understand that this statement is made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities.

Date: _____

Signature of Plaintiff or Counsel for Plaintiff

DEFENDANTS MAY CHALLENGE THIS CERTIFICATION IF THEY BELIEVE THAT THEY ARE ELIGIBLE FOR THE CONCILIATION PROGRAM BY PETITIONING THE COURT OR BY CONTACTING BERKS COMMUNITY ACTION PROGRAM at (610) 375-7866 x43.

LOS DEMANDADOS PUEDEN DISPUTAR ESTE CERTIFICADO SI ELLOS REUNEN LOS REQUISITOS DEL PROGRAMA DE CONCILIACION, PUEDEN HACERLO AL PRESENTAR UNA PETICION AL TRIBUNAL O AL CONTACTAR A BERKS COMMUNITY ACTION PROGRAM al (610) 375-7866 x43.

ATTACHMENT B

URGENT NOTICE

Under the Berks County Court of Common Pleas
Mortgage Foreclosure Diversion Program

You may be able to get help to save your home!

FOLLOW THESE INSTRUCTIONS IMMEDIATELY TO PARTICIPATE IN THE FREE PROGRAM

To benefit from this Program to help you try and work out arrangements with your mortgage company
FREE OF CHARGE, you must do one of these actions **WITHIN THE NEXT TEN (10) DAYS**

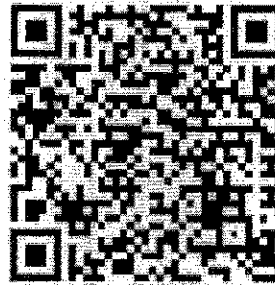
CONTACT A HOUSING COUNSELOR:

**BERKS COMMUNITY
ACTION PROGRAM**

610-375-7866, Ext. 43

HCruz@beapberks.org

**-OR- SCAN THE QR CODE TO
VISIT THE WEBSITE**
TO GET THE PROGRAM APPLICATION AND
INSTRUCTIONS:



www.berkspa.gov/mfdp

YOU MUST:

- Click on [Mortgage Foreclosure Diversion Program Application](#)
- Complete the form
- Email the form to CMoerschell@berkspa.gov or fax it to 610-478-6449*
- Then, click on [Cover Letter](#) and follow the instructions.

*You may also pick up a copy of the Program Application or drop off your completed form at Court Administration, Berks County Services Center, 4th Flr. 633 Court St, Reading, PA 19601

**IT IS YOUR RESPONSIBILITY TO SPEAK DIRECTLY WITH A HOUSING COUNSELOR OR TO
SUBMIT A COMPLETED PROGRAM APPLICATION BY FAX, EMAIL OR IN PERSON TO COURT
ADMINISTRATION. If you do not do one of these immediately, you will not be able to get help to save your
home using this Program.**

TAKE ACTION IMMEDIATELY TO SAVE YOUR HOME!

THIS PROGRAM IS FREE

Updated 10.30.2025

ATTACHMENT C

VS

: IN THE COURT OF COMMON PLEAS OF
: BERKS COUNTY, PENNSYLVANIA
:
: CIVIL ACTION - LAW
: MORTGAGE FORECLOSURE
:
: No.
:
: J.

CONCILIATORY CONFERENCE DISPOSITION ORDER

AND NOW, this day of , 20 , a Conciliatory Conference having been held in the within action, it is hereby ORDERED that:

☐ The Defendant(s) having failed to comply with one or more of the terms of the Conciliatory Conference Scheduling Order, the stay of proceedings is hereby LIFTED and the within action is removed from the Berks County Residential Mortgage Foreclosure Diversion Program. The Defendant(s) is/are given leave to file a pleading in response to the Plaintiff's Complaint no later than twenty (20) days from the date of this Order. In the event that the Defendant(s) fail(s) to file such responsive pleading within that twenty (20) day period, the Plaintiff is given leave to proceed with this action in accordance with the applicable rules of court, including service of Important Notice (10 Day Notice).

☐ A Conciliatory Conference having been held and it appearing to the Conciliator that an agreement for modification cannot be reached by the parties, the stay of proceedings is hereby LIFTED and the within action is removed from the Berks County Residential Mortgage Foreclosure Diversion Program. The Defendant(s) is/are given leave to file a pleading in response to the Plaintiff's Complaint no later than twenty (20) days from the date of this Order. In the event that the Defendant(s) fail(s) to file such responsive pleading within that twenty (20) day period, the Plaintiff is given leave to proceed with this action in accordance with the applicable rules of court, including service of Important Notice (10 Day Notice).

☐ An agreement for permanent modification having been reached by the parties,

and it further appearing that termination of the within action, without prejudice, is appropriate, it is hereby ORDERED that the Prothonotary of Berks County shall mark the docket of the within action as settled, discontinued and ended, without prejudice.

☐ An agreement for trial modification having been reached by the parties, and it further appearing that termination of the within action, without prejudice, is not appropriate at this time, it is hereby ORDERED that the within action shall remain pending. A further Conciliatory Conference is scheduled for _____, 20____ at _____. In the event the Defendant(s) defaults under the terms of the agreement for trial modification prior to the scheduled Conference, the Plaintiff may file a petition with the Court seeking to lift the stay of proceedings imposed and to proceed with this action in accordance with the applicable rules of court.

☐ (NOTE: Please do not select this paragraph if the loan has been permanently modified.)

A _____ agreement having been reached by the parties, and it further appearing that termination of the within action, without prejudice, is not appropriate at this time, it is hereby ORDERED that the within action remain pending. No further Conciliatory Conference is scheduled. In the event the Defendant(s) defaults under the terms of the agreement, the Plaintiff may file a petition with the Court seeking to lift the stay of proceedings imposed and to proceed with this action in accordance with the applicable rules of Court. Upon successful completion of the agreement, Plaintiff shall file a Praecipe to Settle, Discontinue and End, thereby automatically lifting the stay imposed in this case.

☐ It appearing that a Conciliatory Conference has been held, and the parties have not reached an agreement for modification, but are making a good faith effort to do so, at _____ request a further Conciliatory Conference shall be held on _____, 20____ at _____.

☐ The parties having appeared for a Conciliatory Conference, and it appearing that one or more of the parties were not ready to proceed, at _____ request

a further Conference is scheduled for _____, 20__ at _____.

☐ It appearing that a conference with the Court is appropriate under the circumstances, the same is hereby scheduled for _____, 20__ at _____, in the chambers of _____. The Defendant(s), the Housing Counselor, the Defendant(s) attorney and the Plaintiff's attorney shall attend the conference. A designated representative of the Plaintiff shall be available by telephone for the scheduled date and time of the conference.

☐ It appearing that a bankruptcy petition has been filed by the Defendant(s), the Plaintiff shall, upon termination of the "automatic stay" resulting from the commencement of the bankruptcy proceeding, file a written motion with the Court requesting the scheduling of a Conciliatory Conference.

☐ Other: _____

_____, CONCILIATOR

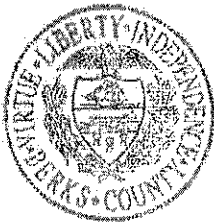
BY THE COURT:

_____, J.

DISTRIBUTION OF ORDER

Certified Copies to:
Attorney for Plaintiff
Defendant
Housing Counselor
Court Administration
Conciliator

ATTACHMENT D



Court of Common Pleas of Berks County

Twenty Third Judicial District of Pennsylvania
633 Court Street, Reading, PA 19601

Brendan L. Harker, District Court Administrator
(610) 478-6208 ext. 3683 Fax (610) 478-6366

Tammy Funk, Criminal/Civil Court Administrator
(610) 478-6208 ext. 5716 Fax (610) 478-6449
Faith Phillips, Special Courts Administrator
(610) 478-6456 ext. 3530 Fax (610) 478-6608

Tracy Barlet, Deputy Court Administrator
(610) 478-6208 ext. 3684 Fax (610) 478-6366
Catherine J. Nadirov, Esq., Family Court Administrator
(610) 478-6208 ext. 5771 Fax (610) 478-4995

Dear Homeowner(s):

You have elected to participate in the Berks County Residential Mortgage Foreclosure Diversion Program. Your Participation in this Program provides certain benefits to you in your attempts to obtain a modification of your mortgage from your lender. Your cooperation in complying with the requirements of the Program is essential for those benefits to continue. The first of those requirements is providing documents and related information to the Plaintiff's attorney.

Enclosed are the following documents:

1. Mortgage Foreclosure Diversionary Program Checklist
2. Mortgage Assistance Application
3. Expense Worksheet
4. IRS Form 4506-T

Please fill out the enclosed documents and sign where indicated. Mail those documents, along with all the items listed in the Checklist, to the Plaintiff's attorney within 40 days. Failure to comply with this requirement may result in removal from the Program at the time of your scheduled conference.

BERKS COUNTY MORTGAGE FORECLOSURE DIVERSION PROGRAM**FORECLOSURE PREVENTION CHECKLIST**

TO:

Name of lender (same as "Plaintiff" on foreclosure complaint)

FROM:

Print your name(s)

PROPERTY:

Address of your property

I/We are enclosing the following documents for a mortgage modification request (checked off if included):
[Keep a copy of this list and each document you send for your own records.]

<u>DOCUMENT</u>	<u>EXPLANATION</u>	<u>CHECK OFF</u>
Request for Modification and Affidavit (RMA)	Included. Fill in all blanks. Sign.	_____
Expense Worksheet	Included. Fill in all blanks.	_____
IRS Form 4506-T	Included. Complete the information at the top of the page. On line item 6 write "1040", check box 6a, and on line item 9 write in the two most recent tax years.	_____
Hardship letter	No more than one page in length. Give details of: the initial hardship; if your situation has improved or become worse; and why you believe you will be able to make the modified payments once your loan modification is approved.	_____
Valid Copies of documents that support your hardship claims.	Such as a pink slip from your work (or, unemployment compensation determination), divorce papers, hospital bills, death certificate, etc.	_____
Federal income tax returns and W-2s or 1099s for the past two years.	If you have not filed your income taxes, provide a letter of explanation and a copy of your extension if you have filed for one. Do not include state tax returns.	_____
Most recent pay stubs for past two months, consecutive; and any other sources of income.	Include for "other sources": Social Security benefits, pensions, alimony, unemployment compensation, worker's compensation, dividends, interest received, and any other income.	_____
Most recent bank statements for two months.	All accounts, every page. Account histories are not acceptable.	_____
Most recent mortgage statement	Every mortgage on your property.	_____
Most recent property tax bills	For every property you own.	_____
Most recent homeowners' insurance declaration page	If lender has not taken over your homeowners' insurance.	_____
Most recent homeowners' association (HOA) statement.		_____
A recent utility bill (preferably electricity or gas)	A utility bill in your name will prove occupancy.	_____

Please send me any additional documents that you require me/us to complete.

IMPORTANT NOTICE:

A COPY OF THIS LIST, AND THE DOCUMENTS LISTED, MUST BE SENT TO PLAINTIFF'S ATTORNEYS OF RECORD BY REGULAR U.S. FIRST CLASS MAIL POSTMARKED NOT LATER THAN FORTY (40) DAYS FROM THE DATE OF THE CONCILIATORY CONFERENCE SCHEDULING ORDER.

Loan number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to (servicer name) via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact (servicer name) at [phone #].

If you are experiencing a financial hardship you may be eligible for mortgage assistance from your state's housing finance agency or other state or local government agency.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, or information on state or local government mortgage assistance programs that may be available, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

For additional information on how to avoid foreclosure, including help for military servicemembers, you may also visit Fannie Mae's consumer website. Fannie Mae is the owner of your mortgage loan.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ OtherAlternate phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ OtherAlternate phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply): ☐ Cell phone ☐ Home phone ☐ Work phone ☐ Email ☐ Text - checking this box indicates your consent to for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? ☐ Yes ☐ No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property
- The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant
- I want to: ☐ Keep the Property ☐ Sell the Property ☐ Transfer ownership of the property to my servicer ☐ Undecided

Is the property listed for sale? ☐ Yes ☐ No - If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? ☐ Yes ☐ No - If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- ☐ Short-term (up to 6 months)
☐ Long-term or permanent (greater than 6 months)
☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
☐ Unemployment	▪ Not required
☐ Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	▪ Not required
☐ Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	▪ Not required
☐ Disaster (natural or man-made) impacting the property or borrower's place of employment	▪ Not required
☐ Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	▪ Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
☐ Divorce or legal separation	▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
☐ Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
☐ Death of borrower or death of either the primary or secondary wage earner	▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
☐ Distant employment transfer/relocation	▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
☐ Other – hardship that is not covered above:	▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	- Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR - Two most recent bank statements showing income deposit amounts
Self-employment income	\$	- Two most recent bank statements showing self-employed income deposit amounts OR - Most recent signed and dated quarterly or year-to-date profit/loss statement OR - Most recent complete and signed business tax return OR - Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	- Two most recent bank statements showing deposit amounts OR - Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	- Two most recent bank statements showing deposit amounts OR - Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	- Two most recent bank statements demonstrating receipt of rent OR - Two most recent deposited rent checks
Investment or insurance income	\$	- Two most recent investment statements OR - Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	- Two most recent bank statements showing receipt of income OR - Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.

BORROWER'S EXPENSE STATEMENT

Loan Number: _____

Borrower Name: _____

Social Security Number: (last 4 digits) _____

Co-Borrower Name: _____

Social Security Number: (last 4 digits) _____

<u>Monthly Expenses for Household:</u>	<u>Monthly Expense Amount:</u>	<u>Liability Type:</u>	<u>Payment/ Month:</u>	<u>Balance Due:</u>
Food		2nd Mortgage Payments		
Gas/ Auto Maintenance		Health/ Life Insurance		
Entertainment		Alimony/ Child Support		
Clothes		Child Care		
Church Donations		Auto Loans		
Utilities - Gas		Other Loan Payments		
Utilities - Electric		Credit Card Payments		
Utilities - Water		Garbage/ Sewage		
		Telephone		
		Auto Insurance		

I (we) verify that the information provided is complete and accurate for my (our) finances.

Submitted this _____ day of _____ 20____

By: _____ Date: _____

Signature of Borrower

By: _____ Date: _____

Signature of Co-Borrower

Form **4506-T**
(April 2025)Department of the Treasury
Internal Revenue Service**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-T, visit www.irs.gov/form4506t.

OMB No. 1545-0072

Tip: Get faster service Online at www.irs.gov. Get Your Tax Record (Get Transcript) or by calling 1-800-808-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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, suite, or inmate no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2018, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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. Tax return transcripts for individuals are available for the Form 1040 series. A list of the tax return transcripts that are available for a business can be found at www.irs.gov/businesses/get-a-business-tax-transcript. 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 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. 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 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.

____/____/____

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** _____

Here Title (if line 1a above is a corporation, partnership, estate, or trust) _____

Spouse's signature _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37267N

Form 4506-T (Rev. 4-2025)

Section references are in 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/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see Chart for Individual transcripts or Chart for all other transcripts for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will also at third-party mailings of requested transcripts. After this date, mailings of Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contact with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. Taxpayers using a tax year beginning in one calendar year and ending in the following year must tax year must file the 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.

Customer File Number. 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, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 3 instructions for specific requirements. This customer file number is an optional field and not required.

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 1-800-908-0946.

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 shows two different addresses, send your request to the address based on the address of your most recent return.

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, please include it on this line 3. If you are currently incarcerated, include your inmate identification number, name and address on this line 3.

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 5. 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 consist of general digits of "999999999" 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 1b. 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 6.

All others. See section 6109(c) 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 the 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 6109 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 other 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 6109.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time for Learning about the law or the form, 10 min; Preparing the form, 12 min; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20004

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed as
Individual returns and
lived in:

Mail or fax to:

Alabama, Arizona, Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, 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 RAVS Team Stop 6716 AUSO Austin, TX 73301 855-587-6504
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Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAVS Team Stop 6705 S-2 Kansas City, MO 64609 855-821-0034
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Alaska, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service RAVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-293-1145
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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 RAVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-293-1145
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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 RAVS Team Stop 6705 S-2 Kansas City, MO 64609 855-821-0034
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