



Town of Huntington

Phone: (631) 351-3226

Assessor's Office

100 Main Street
Huntington, New York 11743

Dear Disabled Citizen,

Enclosed is the Limited Income Disability Partial Tax Exemption application RP 459-C for tax year 2025-26 you requested. **This is separate from the STAR program.** Application and all copies of supporting paperwork must be submitted **no later than March 1st, 2025.**

❖ If you are filling out this application on behalf of the applicant/home owner- please submit a copy of your Power of attorney paperwork with this application. ❖

Process:

If you are missing supporting documentation we will only mail ONE Request for Information Letter and give you **10 days from the date of the letter** to submit the missing documentation. If you receive this letter **DO NOT ignore it**, please call our office and let us know the status if you are waiting for the information. The Assessor's office has strict **NYS mandated deadlines** to adhere to, failure to respond to this letter will result in a denial of your application.

All determination letters are mailed out over the course of the summer. If you do not receive a notification by **September 1st** then contact our office immediately.

Please be aware that if you are approved for this exemption, this is an **annual** renewal program. A renewal application will be mailed to you in late December. If you do not receive the application, contact the Assessor's office for one to be sent to you. You can also find them available to print on our website

<https://www.huntingtonny.gov/assessor-forms>

Tax Return and 4506 T: For non-filers and self-preparers:

If you **have not filed a Federal Tax Return for 2023** then you **MUST** fill out the RP 467 Worksheet as well as request an IRS transcript with this application. This form is to confirm no tax return was filed for the December 31, 2023 income tax year. **Reminders when filling out the 4506 T form for non-filers:** Check the box on line 8, make sure the date on line 9 is **12/31/2023**, and make sure to **check the box in the signature area** and **sign and date** the form or it will not be processed by the IRS, then mail the 4506 T form (not entire application) directly to the IRS, not our office. You will receive your transcript in the mail from the IRS within 10-15 business days. Please submit to our office as soon as you receive it.

If you are a self-prepared tax filer you also need to submit this IRS transcript with your tax return. To obtain this transcript you must fill out the **4506-T form** and mail it directly to the IRS (not the entire application). The IRS will then mail you back your transcript for income year 2023 within 10-15 business days. **Reminders when filling out the 4506 T form for self-preparers:** Line 6 should read **1040**, check off the box on line 6a, line 9 should read **12/31/2023** and make sure to **check the box in the signature area** and **sign and date the form** or it will not be processed by the IRS.

You can also go directly on the <https://www.irs.gov/individuals/get-transcript> website, create an account, and request this document instantly and print it out from home and submit with your application. **See last page of this application for more information on the IRS Transcript.**

Edmund J. Smyth
Supervisor

Dr. Dave Bennardo
Councilman

Salvatore Ferro
Councilman

Brooke A. Lupinacci
Councilwoman

Theresa Mari
Councilwoman



Assessor's Office
 100 Main Street
 Room 100
 Huntington, NY 11743



RP 459-C
 Phone: (631) 351-3226
 Fax: (631) 425-0128

Received

Place date Stamp Here

Limited Income Disability
Tax Exemption RP 459-C
First Time Application

<u>Names of ALL Owners</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Mailing Address</u>

❖ Name of any spouse (not listed under owners)

Submit copies of:

1. To prove ownership please provide either:
 - Copy of the Recorded Deed, or Copy of a recent tax bill
 - If property is in a trust- include copy of the trust
 2. To prove proof of permanent disability, a letter from one of the following agencies is required for each disabled applicant:
 - Social Security Notice of Award (Letter of verification of benefits).
 - Railroad Retirement Board certifying disability benefits.
 - Certification Letter from the State Commission for the Blind & Visually Handicapped.
 - Award letter from U.S. Postal Service certifying disability pension.
 - Award letter from U.S. Department of Veterans Affairs certifying 100% disability compensation.
 3. To prove age, you must provide one of the following for each applicant & spouse:
 - NYS Driver's License or NYS Non-Driver ID, or Birth Certificate, or Passport
 4. To prove residency, you must provide one of the following for each applicant and spouse:
 - NY Driver's license or NY non-driver ID, or Car Registration, or Voters Registration Card
 5. If spouse is deceased, a copy of Death Certificate.
 6. If divorced or legally separated, a copy of the Divorce Decree, or Legal Separation.
- *Non-resident owners must show proof of residency of where they reside.



**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF LOW-INCOME DISABILITY RP 459-C**

- 1) Telephone Number – Day () _____ Evening () _____
Email _____

- 2) Location of property/street address

Tax Map Number (District/Section/Block/Lot)

- 3) Is property in a trust (or transferred recently)? Yes _____ No _____
(if Yes, attach **entire trust**) _____pages

- 4) Does the owner with the disability presently occupy the premises as their legal residence?
Yes _____ No _____

- 5) Is an owner receiving medical care as an inpatient in a residential healthcare faculty?
Yes _____ No _____

- 6) Describe the nature of your physical or mental impairment which substantially limits one or more major life activities, such as walking.

- 7) Is any portion of the property used for purposes other than residential, such as farming, commercial, vacant land, or professional offices? If Yes explain such use and describe the portion that is so used. (Include square footage, % of home used, attach IRS form 8829)

- 8) Does a child (or children), including those of tenants, reside on the property and attend a public-school Graded Pre-K to 12? Yes # _____ No # _____ Name and Location of school(s)

- 9) Did Owner(s) or Spouse file a **Federal Income Tax Return** for year **2023**?
Yes _____ No _____ If “Yes,” attach copies of tax returns with all schedules.

❖If the 2023 Federal Tax Return was self-prepared or you did not file a tax return- Follow the instructions on page 6 for the 4506-T. This received IRS transcript needs to be submitted with your 2023 tax return and application.❖



**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF LOW-INCOME DISABILITY RP 459-C**

**TO PROVE FEDERAL ADJUSTED GROSS INCOME, YOU MUST SUBMIT PHOTOCOPIES
OF THE FOLLOWING: (We DO NOT make copies and originals WILL NOT be returned to
you)**

FOR ALL OWNERS AND SPOUSES of OWNERS.

ALL INCOME SUBMITTED MUST BE FROM THE **2023 TAX YEAR.**

<u>Non-Income Tax Filers:</u> Fill out enclosed RP 459-c Worksheet and attach copies of the applicable documents below:	<u>Income Tax Filers:</u>
<input type="checkbox"/> IRS Transcript: Form 4506-T (See last page of this application for instructions.)	<input type="checkbox"/> Copy of 2023 FULL Federal Income Tax Return and ALL schedules
<input type="checkbox"/> 2023 Social Security (copy of SSA 1099)	<input type="checkbox"/> 2023 Social Security (copy of SSA 1099)
<input type="checkbox"/> 2023 Wages, Salaries, Tips (copy of W-2's)	<input type="checkbox"/> If receiving a pension please include a copy of the 2023 1099-R for all pensions
<input type="checkbox"/> 2023 Pension and Annuities (attach copies of all 1099-R's)	<input type="checkbox"/> <u>IF YOU ARE A SELF-PREPARED TAX RETURN FILER</u> IRS Transcript-Form 4506-T (See last page of this application for instructions.)
<input type="checkbox"/> 2023 IRA Distributions (copies of 1099-R's)	
<input type="checkbox"/> Total 2023 Interest & Dividends (copies of 1099's)	
<input type="checkbox"/> 2023 Unemployment compensation (copy of 1099-G)	
<input type="checkbox"/> 2023 Workers Compensation	
<input type="checkbox"/> Rental income to household (attach rent receipts from 2023)	
<input type="checkbox"/> 2023 Alimony (attach proof of payment)	
<input type="checkbox"/> 2023 Business Income (attach proof)	
<input type="checkbox"/> Capital Gains 2023	
<input type="checkbox"/> Other 2023 Income (ie gambling winnings)	

❖ Unreimbursed Medical- Attach **copies** of all account summaries/print outs from doctors' offices and pharmacies of what was paid out of pocket in 2023 to this application to prove out of pocket expense. (Supplies, Vitamins, and non-prescription drugs bought over the counter do not count towards this unreimbursed medical.)❖



**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF LOW-INCOME DISABILITY RP 459-C**

**SIGNATURES for ALL OWNERS and SPOUSES are
REQUIRED for APPLICATION TO BE COMPLETE.
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.**

❖ If you are filling out and signing the application on behalf of the applicant a copy of your **Power of Attorney** paperwork **must** be submitted with this application. ❖

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date

This Area for Assessor's Use Only

Date application filed _____

- Proof of age submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application disapproved

Exemption applies to taxes levied by or for: <ul style="list-style-type: none"> <input type="checkbox"/> County _____ % <input type="checkbox"/> School _____ % <input type="checkbox"/> Village _____ % <input type="checkbox"/> City _____ % <input type="checkbox"/> Town _____ %

Assessor's signature	Date
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First Time APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF LOW-INCOME DISABILITY RP 459-C Worksheet

❖ For Non-Income Tax Filers ONLY: Complete this worksheet then see page 6 of this application for further instruction on requesting a transcript from the IRS using Form 4506-T.

Name of owner(s) and owner(s) spouse(s): _____

Location of Property:

Street address _____ City/Town _____

Village (if any) _____ School District _____

Applicable Income Tax Year 2023

Enter the amounts below that would have been reported if you were required to file a federal or state income tax return (round to the nearest whole dollar). To round to the nearest dollar, drop amounts that are less than 50 cents (for example, \$1.39 becomes \$1) or increase amounts that 50 cents or more to the next dollar (for example, \$2.50 becomes \$3).

1. Total wages, salaries, and tips (attach W-2(s)) 1. _____
 2. Total interest income and dividends 2. _____
 3. Unemployment compensation 3. _____
 4. Total IRA distributions (attach all Forms 1099-R) 4. _____
 5. Total pensions and annuities other than IRA's (attach all Forms 1099-R) . 5. _____
 6. Total Social Security benefits (attach Form SSA 1099) 6. _____
 7. Other Income 7. _____
- Types of other income: _____
8. Add lines 1 through 7. Enter the total on line 8 of this form 8. _____

Certification

I (we) certify that all of the above information is correct and that I am (we are) not required to file a federal income tax return.

All owner(s) and their spouse(s) **must** sign and date below.

Signature	Date
Signature	Date
Signature	Date
Signature	Date



IF YOU DID NOT FILE A TAX RETURN FOR 2023 or Self Prepared your tax return:

Fill in the enclosed 4506-T form with your name, Social Security number and address (lines 1a, 1b, 2a, 2b & 3) Don't forget to check the "**signatory attests**" box by your signature or the IRS will not process this form* Sign, date and enter your phone number on the bottom "signature" line and **mail 4506T form** (not entire application) **to the Internal Revenue Service** for processing: *(Refer to introduction letter sent with this application for more guidance on filling out this form)*

INTERNAL REVENUE SERVICE

RAIVS TEAM

Stop 6705 S-2

KANSAS CITY, MO 64999

FAX (855)821-0094

You may also complete the 4506-T form online at the IRS website for an instant return you can print from home.

<https://www.irs.gov/individuals/get-transcript>

Automated phone request – 800-908-9946

The IRS will then mail YOU your Wage and Income Transcript.

This form is due no later than March 1st 2025

Please be aware you **must** supply a copy of the received IRS Transcript and photocopy proof of **all** sources of income including **all** 1099's with this application or you will be **denied** from receiving the **PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF LOW-INCOME DISABILITY.**

If you have any questions please contact our office at 631-351-3226 or email assessorinfo@huntingtonny.gov

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: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** 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, 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)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, 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. 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 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
▶ 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.

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 stop all third-party mailings of requested transcripts. After this date masked 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 contract 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 (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.

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 5 instructions for specific requirements. The 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 1-800-908-9946.

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 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, 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 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 reflect a generic entry 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 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.

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
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.

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, 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 RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
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 RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

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, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 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 Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



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.