

**State of Nevada**  
 Department of Business and Industry  
**Nevada Transportation Authority**

Application for a Sale and Transfer of a Certificate or Order and Permit to  
 Transport Passengers or Household Goods filed pursuant to NAC 706.1375.

(Check one type of carrier)

- Common Carrier**
- Contract Carrier**

(Check one type of service)

- Taxi Cab**
- Household Goods Mover**
- Other Passenger Carrier (not bus)**

In the matter of the application of \_\_\_\_\_

dba \_\_\_\_\_

for authority to sell and transfer; and \_\_\_\_\_

dba \_\_\_\_\_

to purchase and acquire Certificate or Permit number \_\_\_\_\_.

**Attached and labeled with tabs hereto; exhibits that include all of the information required in accordance with NAC 706.1375 (2) (a through u).**

Wherefore, Applicant requests the Nevada Transportation Authority enter its order granting the Certificate or Permit prayed for.

Dated at \_\_\_\_\_ Nevada, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

X Attorney's signature (if any)	X Applicant's signature
Attorney's printed name	Applicant's printed name
Attorney's address	Applicant's mailing address
Attorney's address cont.	Applicant's address cont.
Attorney's phone number	Applicant's phone number
Attorney's facsimile number	Applicant's facsimile number
Attorney's email address	Applicant's email address

**Filing Instructions:**

Make certain your application is complete and accurate. Incomplete applications or those with illegible text may be rejected.

Do not enclose original or copies within binders, folders, or other devices. Preferred methods are a single staple, or binder clips.

Be certain to insert labeled tabs between exhibits. If an exhibit does not apply to you insert a page explaining that the exhibit does not apply.

When complete, file an original and three (3) copies of this application along with the required filing fee and estimated publication costs to:

Nevada Transportation Authority  
3300 W. Sahara Ave, Suite 200  
Las Vegas, NV 89102

The NTA accepts checks, cash, and money orders.

Our office hours are 8:00 am to 5:00 pm Monday through Friday, excluding holidays.

If you have any questions, call us at 702-486-3303.

General information ..... Extension 66546  
Application information or docket status ..... Extension 66403  
Tariff information ..... Extension 66401 or 66557  
Fax number ..... 702 486-2590

Included in this application packet is a checklist of attachments and exhibits to help you put together a complete application. For detailed explanation and instruction for each exhibit, you must refer to the most current NAC 706.1375 (2) (a through u). Your application cannot be completed without referring to NAC Chapter 706 for instructions.

Please notice that the exhibits are labeled (a) through (u) to correspond with the NAC 706.1375 (2) (a through u).

**OATH**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) \_\_\_\_\_; that, in such capacity, I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information, and belief. Affiant further states that the application is made in good faith and presents evidence in support of said application on every particular requested by the Nevada Transportation Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, if any

Therefore, the joint applicants request the Nevada Transportation Authority enter its order granting the Certificate transfer.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Name of Seller (print or type)

\_\_\_\_\_  
Name of Buyer (print or type)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Applicants' Attorney (if any)

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Name of Attorney (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**OATH OF SELLER**

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to seller, that is, owner or proprietor, title as officer of applicant corporation or association, partner of applicant partnership or other authorized representative of applicant) \_\_\_\_\_; that in such capacity I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information and belief. Affiant further states the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a Notary Public, in and for the state and county above named, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)

**OATH OF BUYER**

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to buyer, that is, owner or proprietor, title as officer of applicant corporation or association, partner of applicant partnership or other authorized representative of applicant) \_\_\_\_\_; that in such capacity I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information and belief. Affiant further states the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a Notary Public, in and for the state and county above named, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)

**LETTER TO ALL APPLICANTS FOR A CERTIFICATE TO PROVIDE  
INTRASTATE TRANSPORTATION OF  
PASSENGERS OR HOUSEHOLD GOODS**

To All Applicants:

Nevada Administrative Code (NAC) Chapter 706 relates to the regulation and licensing of motor carriers regulated by the Nevada Transportation Authority (“NTA”). It is essential for you to understand and comply with selected statutes and regulations in order to successfully obtain a Certificate of Public Convenience and Necessity from the NTA.

To ensure that you understand the regulations governing the transportation industry, you will need to reference Nevada Revised Statutes (NRS) 706 and Nevada Administrative Code (NAC) 706. All Nevada Statutes and Regulations are available on the Legislative website at [www.leg.state.nv.us](http://www.leg.state.nv.us). For your convenience, direct links to NRS 706 and NAC 706 are available on the NTA website homepage at the “Statutes and Regulations” tab. You may also obtain a copy of N.R.S. 706 &/or N.A.C. 706 from the NTA for a nominal copy charge.

NAC 706.1375(2) lists the required contents for applications for a certificate to provide intrastate transportation of passengers or household goods in the state of Nevada. **NAC 706.1375(3) states that if the Applicant does not cure any deficiency in the application within fifteen (15) working days after a request from the NTA, the NTA shall move that the application be dismissed.**

When your application is filed, it will be assigned a docket number, by which the NTA will reference your filings. Please refer to your docket number on any correspondence or conversations you have with our staff.

If you have any questions relating to the completion of this application, please call our Las Vegas office at (702) 486-3303 or our Reno office at (775) 688-2800. If you have specific questions that require a legal or detailed analysis, please contact an attorney.

Respectfully,

Nevada Transportation Authority

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF  
LETTER TO APPLICANTS FOR A CERTIFICATE TO PROVIDE  
INTRASTATE TRANSPORTATION OF PASSENGERS OR  
HOUSEHOLD GOODS**

To the Nevada Transportation Authority:

I have read and understand the contents of the letter addressed to all applicants for a certificate to provide intrastate transportation of passengers or household goods, which was included in my application packet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Checklist for attachments and exhibits for:  
Application for a Certificate to Provide Intrastate  
Transportation of Passengers or Household Goods  
filed pursuant to NAC 706.1375**

- Attach completed cover page (1<sup>st</sup> page) of this application.
- Attach completed OATH page.
- Attach completed ACKNOWLEDGMENT OF RECEIPT OF LETTER TO APPLICANTS FOR CERTIFICATE TO PROVIDE INTRASTATE TRANSPORTATION OF PASSENGERS OR HOUSEHOLD GOODS.
- Attach this completed Checklist.
- Identify the market the applicant intends to service, demonstrating that such market will support the proposed operations.
- Label and Tab EXHIBIT (a)  
The type of service, if any, presently being performed by the applicant, a general description of the service and a reference to the authority pursuant to which the service is being performed.
- Label and Tab EXHIBIT (b)  
The type of service proposed, a general description of the service, and a reference to the authority pursuant to which the service is to be performed.
- Label and Tab EXHIBIT (c)  
The specific authority requested and the statutory provision pursuant to which the certificate is requested.
- Label and Tab EXHIBIT (d)  
If the applicant proposes to be a carrier of household goods, a description of the types of household goods proposed to be transported.
- Label and Tab EXHIBIT (e)  
The geographical area proposed to be served pursuant to the certificate, including, without limitation, the terminal and other points to be served, the number and location of points where equipment will be located, and a concise, narrative description of the proposed route.
- Label and Tab EXHIBIT (f)  
A map or sketch of the route and points to be served, drawn to a suitable scale which is indicated on the map or sketch. The map or sketch must show present and proposed operations by distinctive coloring or marking.
- Label and Tab as EXHIBIT (g)  
If the applicant proposes to be a contract carrier, a copy of each proposed contract.



- Label and Tab as EXHIBIT (h)  
A statement of the rates or fares proposed to be charged and the rules governing service in the form of a tariff prepared pursuant to NAC 706.138 to 706.139, inclusive.
- Label and Tab as EXHIBIT (i)  
The type and number of units of equipment to be used in the proposed service and a statement as to which units of equipment are owned by the applicant that includes, without limitation, photographs of the equipment to be used and a copy of the registration and title of each vehicle currently owned by the applicant which will be used under its operating authority. If the applicant proposes to operate a taxicab service, the application must include the proposed color scheme of the vehicles that will be used to provide the taxicab service.
- Label and Tab as EXHIBIT (j)  
A statement indicating the frequency of the proposed service. If on-call service is proposed, the application must set forth the conditions under which the service would be performed.
- Label and Tab as EXHIBIT (k)  
A statement of the qualifications and experience of the personnel who will manage and operate the proposed service, and the proposed operating procedures relating to service, safety, maintenance, the training of drivers, billing, relations with customers and the keeping of records.
- Label and Tab as EXHIBIT (l)  
A statement describing the facilities which will be used to provide the proposed service, such as terminals, shops, warehouses or offices.
- Label and Tab as EXHIBIT (m)  
Facts showing that the proposed operation is or will be beneficial to the traveling public.
- Label and Tab as EXHIBIT (n)  
If the applicant is a corporation or a limited-liability company, a copy of its articles of incorporation or articles of organization, certified by the Secretary of State, and all effective amendments thereto. If the corporation or limited-liability company was incorporated or established in another state, the application must include: 1. A copy of the certificate issued by the office of the Secretary of State authorizing the corporation or limited-liability company to transact its business in the State of Nevada; or 2. Its equivalent, as provided in NRS 80.120.
- Label and Tab as EXHIBIT (o)  
If the applicant is a partnership, a copy of the partnership agreement and any amendments made thereto.
- Label and Tab as EXHIBIT (p)  
If the applicant is not a natural person, a list of all owners, including associated stock certificates, membership certificates or associated documents, along with the percentage of ownership interest of each partner, member or owner. If the applicant is a publicly traded corporation, the requirements of this paragraph may be satisfied by attaching to the application a copy of the Form 10-K or its equivalent filed with the Securities and Exchange Commission shows the controlling ownership, officers and directors in lieu of the list of all owners, including associated stock certificates, membership certificates or associated documents.
- Label and Tab as EXHIBIT (q)

Evidence that the applicant is financially able to operate the proposed business, including, without limitation:

1. A statement of income for the 12-month period immediately preceding the application.
2. A pro forma statement of income for the first 12-month period, presented in a monthly basis format, of the proposed operation using the proposed rates. The Nevada Transportation Authority may require, as a condition to the granting of the application, that the applicant is prohibited from placing into service more vehicles than the vehicles projected in the pro forma statement for any period that the Nevada Transportation Authority deems necessary to ensure that the granting of the application will not unreasonably and adversely affect other carriers operating in the territory.
3. A balance sheet which was prepared not more than 6 months before the date of the application which: (I) For a sole proprietorship or partnership, must reflect the personal and business operations of the sole proprietor or each general partner. (II) For a corporation, limited-liability company or partnership, must reflect the entire business operations.
4. A list of the names and addresses of all transportation entities owned by or under the control of the applicant.

**NOTE:** All financial statements must be prepared pursuant to generally accepted accounting principles, except that the personal financial statement of a sole proprietor or general partner may be prepared on the basis of estimated values.

- Label and Tab as EXHIBIT (r)

If the applicant is operating under a fictitious name, a copy of the certificate filed pursuant to chapter 602 of NRS, if applicable.

- Label and Tab as EXHIBIT (s)

Evidence that the applicant can secure the insurance required by NAC 706.191.

- Label and Tab as EXHIBIT (t)

If the applicant is proposing to transport and store household goods and effects, proof that the applicant has the ability to store such goods and effects in a warehouse operated in accordance with the requirement of chapter 712 of NRS. As used in this paragraph, "warehouse" includes, without limitation, any structure used for the reception and storage of household goods and effects.

- Label and Tab as EXHIBIT (u)

Additional information as is necessary for a full understanding of the application.

**NOTE:** Personal financial information that includes social security numbers, account numbers, etc., may be submitted with the application in a separate envelope (containing an original and nine copies) to ensure confidentiality.

Rev 09-26-17



DEPARTMENT OF BUSINESS AND INDUSTRY  
**NEVADA TRANSPORTATION AUTHORITY**

**Re: Application for Fully Regulated Authority – Data Request #1**

Docket No. \_\_\_\_\_

Dear Applicant:

Attached is Staff's Data Request #1. This Data Request is additional information that is required in order for Staff to review your Application. This information can be submitted in conjunction with your Application as a separate Exhibit or within sixty (60) days of filing your Application.

In responding, please: (1) label each response with the number of the question to which it responds; (2) indicate the author of each response; (3) forward material in one response (**please do NOT forward material as available**); (4) state reasons for not furnishing complete responses; (5) identify by date and author all responsive documents withheld; and (6) furnish partial responses if complete responses cannot be furnished.

Once the responses (**original and one copy**) are prepared, please call to schedule an appointment to submit and go over the documents with Authority Staff. If you are unable to come to our Las Vegas office location, the documents may be delivered to our office and a telephone conference scheduled. If no response is received within sixty (60) days of filing your Application and there are no alternative arrangements made, Staff will move to dismiss your application pursuant to NAC 706.1375(3).

Please contact me at (702) 486-3303, Ext. 409 if clarification of any item is required.

Sincerely,

Liz Babcock, CPA  
Applications Manager

# NEVADA TRANSPORTATION AUTHORITY

## Staff's Data Request No. 1

Docket No. \_\_\_\_\_

1. Identify where the money is coming from to fund the requested operation and provide copies of supporting documentation, such as copies of bank statements, brokerage statements, etc.
2. Provide letters of intent, contact information and a summary of anticipated revenue by letter of intent for the market identified in the application. The summary of anticipated revenue should correlate with your revenue projections on the pro-forma income statement.
3. Provide the following for *each owner* of the company:
  - a. A statement of personal net worth. Include supporting documentation for all assets and liabilities listed, such as bank and brokerage statements, property records, property appraisals, credit card statements, mortgage loan statements, vehicle titles, etc.
  - b. Complete and return the enclosed "Credit Report Authorization Form".
  - c. Copies of the Federal Income Tax Return and all supporting schedules for the most recent two (2) years.
  - d. Complete and mail directly to the IRS the enclosed IRS Form 4506T, "Request for Transcript of Tax Form", for the most recent two (2) years.
4. Provide the following for the *company* requesting authority:
  - a. Supporting documentation for all assets and liabilities listed on the balance sheet included in the application.
  - b. Pro-forma balance sheet presented on an accrual basis as of the first day of operations as though the company is fully funded with all anticipated vehicles in the assets section and any related vehicle loan amounts in the liabilities section. Please include twelve (12) months of principal only payments in the current liabilities section and the remainder of the payments in the long-term liabilities and include a narrative description for each asset and liability line item listed on the pro-forma balance sheet.
    - i. Review NAC 706.149 and NAC 706.152 with regards to equity capital requirements, in preparing the pro-forma balance sheet information. The pro forma balance sheet must show 20% equity on day one of operations (calculated as total equity divided by total assets).
    - ii. The pro-forma balance sheet must show a current ratio of at least 1 to 1 (calculated as total current assets divided by total current liabilities) and sufficient cash reserves to meet three (3) months' of all cash fixed expenses.
    - iii. Review NAC 706.208 if vehicles will be leased.

- c. Provide a narrative description for each revenue and expense line item listed on the pro-forma income statement included in the application. A narrative description includes an explanation of the revenue/expense and a calculation, breakdown, or quote to explain how the amount was projected. Please note that using “based on experience” or “percentage of revenue” is not acceptable unless additional substantiation is provided (i.e., prior historical data).
  - d. Copies of the most recent twelve months’ bank statements.
  - e. Copies of the Federal Income Tax Return and all supporting schedules for the most recent two (2) years.
  - f. Complete and mail directly to the IRS the enclosed IRS Form 4506T, “Request for Transcript of Tax Form”, for the most recent two (2) years.
5. Provide an anticipated equipment depreciation schedule. This schedule should list all anticipated vehicles or other items, their cost, any estimated salvage value, and the calculation of the related depreciation expense on a straight-line basis.
  6. Provide the number of drivers you will be employing in Nevada intrastate service and their anticipated work schedule. This should correlate with your revenue projections, business plan and pro-forma payroll and payroll tax expenses.

**NEVADA TRANSPORTATION AUTHORITY**  
**Credit Report Authorization Form**

Authorization is hereby granted to the Nevada Transportation Authority (hereinafter "NTA") to obtain a consumer credit report through a credit reporting agency chosen by the NTA. I understand and agree that the NTA intends to use the consumer credit report for the purpose of evaluating my financial readiness to obtain a Certificate of Public Convenience and Necessity as a non-emergency medical transportation service designated as Docket No. \_\_\_\_\_.

My signature below authorizes the release to the credit-reporting agency of financial information which I have supplied to the NTA in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

Address:

Address:

\_\_\_\_\_  
Number          Street

\_\_\_\_\_  
Number          Street

\_\_\_\_\_  
City          State          Zip Code

\_\_\_\_\_  
City          State          Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**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](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
---	---	---	---

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received 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

**Sign Here**

▶ 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](http://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.

**General Instructions**

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

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

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

**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, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

**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 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. If you completed line 5 requesting the information be sent to a third party, 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.

 **CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.**

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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

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

Internal Revenue Service  
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.