

Loan number:



Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to **Member First Mortgage, LLC** via mail: 616 44th St. SE, Grand Rapids, MI 49548, fax: (616) 588-9806 - Attn: Home Preservation Dept., or email: loss_mitigation@memberfirstmortgage.com. 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 Member First Mortgage at (866) 636-1053.**

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, 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.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

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

Alternate 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 ☐ Other

Alternate 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 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 |
|---|---|
| <input type="checkbox"/> Unemployment | <ul style="list-style-type: none"> Not required |
| <input type="checkbox"/> 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) | <ul style="list-style-type: none"> Not required |
| <input type="checkbox"/> 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) | <ul style="list-style-type: none"> Not required |
| <input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment | <ul style="list-style-type: none"> Not required |
| <input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member | <ul style="list-style-type: none"> 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 |
| <input type="checkbox"/> Divorce or legal separation | <ul style="list-style-type: none"> Final divorce decree or final separation agreement OR Recorded quitclaim deed |
| <input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law | <ul style="list-style-type: none"> Recorded quitclaim deed OR Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property |
| <input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner | <ul style="list-style-type: none"> Death certificate OR Obituary or newspaper article reporting the death |
| <input type="checkbox"/> Distant employment transfer/relocation | <ul style="list-style-type: none"> 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) |
| <input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____ _____ | <ul style="list-style-type: none"> 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 | \$ | <ul style="list-style-type: none"> 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 | \$ | <ul style="list-style-type: none"> 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 | \$ | <ul style="list-style-type: none"> No documentation required |
| Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance | \$ | <ul style="list-style-type: none"> 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 | \$ | <ul style="list-style-type: none"> 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) | \$ | <ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks |
| Investment or insurance income | \$ | <ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income |
| Other types 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) | \$ | <ul style="list-style-type: none"> 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, (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 Member First Mortgage, LLC via mail, fax or email:

- **Mail:** 616 44th St. SE, Grand Rapids, MI 49548 - Attn: Home Preservation Dept.
- **Fax:** (616) 588-9806 - Attn: Home Preservation Dept.
- **Email:** loss_mitigation@memberfirstmortgage.com

We will contact you within 5 (five) business days to acknowledge receipt and let you know if additional information or documents are needed.

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

Please do not send originals as documents will not be returned to you



FAX / EMAIL COVER SHEET

| | |
|--------|--------------------------|
| TO: | FROM: |
| ATTN: | PAGES (including cover): |
| PHONE: | PHONE: |
| FAX: | FAX: |
| RE: | LOAN NUMBER: |

CHECKLIST OF REQUIRED INFORMATION FOR HARDSHIP ASSISTANCE REQUEST (Check all boxes below that are returned with your application)

REQUIRED ITEMS FOR MOST BORROWERS:

- ☐ Signed and dated Hardship Assistance Request
- ☐ Last 2 months of pay stubs for all borrowers
- ☐ Signed 4506-C
- ☐ Current Homeowners Insurance policy (if not currently escrowed)
- ☐ Current and/or delinquent Property Tax Information (if not escrowed)

FOR SELF EMPLOYED BORROWERS ONLY:

- ☐ Most recent completed Federal Tax returns
 - Include both personal and business with all schedules
 - YTD Profit & Loss Statement (at least 3 months)
 - OR -
 - Last 2 months of business bank statements

ADDITIONAL DOCUMENTATION AS APPLICABLE:

- ☐ Current year award letter for Social Security/disability income
- ☐ Proof of unemployment income
- ☐ Spousal and/or child support income
- ☐ Supplemental income/other income
- ☐ Separation notice/Divorce Decree
- ☐ Most recent Statement(s) from any other Mortgages/liens
- ☐ Proof of most recent year's Home Owner's Association dues
- ☐ Proof of any creditor repayment agreements or Work-outs
- ☐ Rental/Purchase agreements
- ☐ Proof of Pension
- ☐ Proof of other obligations which contribute to your hardship (utility, medical, legal bills, etc.)
- ☐ Most recent 2 months complete statements for all bank accounts (include all pages, even if blank)
- ☐ Most recent 401K or other retirement account statement

***Please do not send originals, documents will not be returned**

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

| | | | | | |
|--|---|---------------------------------|---|--|--|
| 1a. Current name | | | 2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) | | |
| i. First name | ii. Middle initial | iii. Last name/BMF company name | i. Spouse's first name | ii. Middle initial | iii. Spouse's last name |
| 1b. First taxpayer identification number (see instructions) | | | 2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) | | |
| 1c. Previous name shown on the last return filed if different from line 1a | | | 2c. Spouse's previous name shown on the last return filed if different from line 2a | | |
| i. First name | ii. Middle initial | iii. Last name | i. First name | ii. Middle initial | iii. Last name |
| 3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | | b. City | c. State | d. ZIP code |
| 4. Previous address shown on the last return filed if different from line 3 (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | | b. City | c. State | d. ZIP code |
| 5a. IVES participant name, ID number, SOR mailbox ID, and address | | | | | |
| i. IVES participant name | | | ii. IVES participant ID number | iii. SOR mailbox ID | |
| iv. Street address (including apt., room, or suite no.) | | | v. City | vi. State | vii. ZIP code |
| 5b. Customer file number (if applicable) (see instructions) | | | 5c. Unique identifier (if applicable) (see instructions) | | |
| 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) | | | | | |
| i. Client name | | | | | ii. Telephone number |
| iii. Street address (including apt., room, or suite no.) | | | iv. City | v. State | vi. ZIP code |
| Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions) | | | | | |
| 6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts | | | | | |
| a. Return Transcript <input type="checkbox"/> b. Account Transcript <input type="checkbox"/> c. Record of Account <input type="checkbox"/> | | | | | |
| 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/> | | | | | |
| a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. | | | | | |
| b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers | | | | | |
| Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/> | | | | | |
| 8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) | | | | | |
| / / / / / / / / | | | | | |
| Caution: Do not sign this form unless all applicable lines have been completed. | | | | | |
| Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date. | | | | | |
| <input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions. | | | | | |
| Sign Here | Signature for Line 1a (see instructions) | | | Date | Phone number of taxpayer on line 1a or 2a |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | | <input type="checkbox"/> Signatory confirms document was electronically signed | |
| | Print/Type name | | | | |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | |
| | Spouse's signature (required if listed on Line 2a) | | | | Date |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | | <input type="checkbox"/> Signatory confirms document was electronically signed | |
| Print/Type name | | | | | |

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

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

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

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

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

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

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

Chart for ordering transcripts

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

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "999999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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



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

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

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

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

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

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.

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

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

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

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

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

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

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