

5. OTHER ASSISTANCE

Please submit evidence of current status.

Indicate below if you have applied for and been granted other assistance by:

	Requested		if Yes, Status of Request			
	Yes	No	Granted	Denied	Pending	N/A
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assistance <small>(i.e. local city/state assistance)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status of pending applications:

6. APPLICANT'S EMPLOYMENT HISTORY

Occupation: _____

Currently Employed: Yes No If yes: Full Time Part Time

Name of Current Employer: _____

Address of Current Employer: _____

Current average gross wage: \$_____ per week

Name of Prior Employer (if not currently employed): _____

Address of Prior Employer: _____

Dates of Prior Employment: _____ Prior average gross wage: \$_____ per week

7. SPOUSE OR SIGNIFICANT OTHER'S INFORMATION

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Email: _____

Occupation: _____

Currently Employed: Yes No If yes: Full Time Part Time

Name of Current Employer: _____

Address of Current Employer: _____

Start Date of Employment: _____ Current average gross wage: \$ _____ per week

Name of Prior Employer (if not currently employed): _____

Address of Prior Employer: _____

Dates of Prior Employment: _____ Prior average gross wage: \$ _____ per week

8. OTHERS LIVING IN THE HOUSEHOLD

Include children, relatives or any individuals living with you

Name	Relationship	Age	Health	Employed		if No, why	if Yes, how much do they contribute
				Yes	No		
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. MONTHLY CASH RECEIVED*	10. MONTHLY PAYMENTS*	Reviewer Notes
<i>Employment</i>	<i>Food</i> estimated \$250/pp \$ _____	_____
Self \$ _____	<i>Rent or Mortgage</i> \$ _____	_____
Spouse/Relation \$ _____	<i>Utilities</i>	_____
<i>Interest</i>	Electric/Gas/Oil/Water \$ _____	_____
Savings/Dividends \$ _____	Phone/TV/Internet/Cell \$ _____	_____
<i>Unemployment Compensation</i> \$ _____	<i>Loans/Credit Cards</i>	_____
<i>Workman's Compensation</i> \$ _____	total monthly minimums \$ _____	_____
<i>Veteran's Compensation</i> \$ _____	_____ \$ _____	_____
<i>Social Security Assistance</i> \$ _____	<i>Medical/Hospital Bills</i> \$ _____	_____
Spouse/Relation \$ _____	<i>Taxes</i>	_____
<i>Health & Accident Insurance Benefits</i> \$ _____	Real Estate \$ _____	_____
<small>i.e. long-term disability/health, etc</small>	Other \$ _____	_____
<i>Pension & Other Retirement Income</i> \$ _____	<i>Insurance</i>	_____
<small>i.e. 401K/IRA Withdrawals</small>	Life \$ _____	_____
<i>AICPA Benevolent Fund</i> if current recipient	Medical/Hospital \$ _____	_____
General Monthly \$ _____	Auto \$ _____	_____
Medical Reimbursement \$ _____	Home \$ _____	_____
<i>Other</i>	<i>Other</i>	_____
_____ \$ _____	_____ \$ _____	_____
_____ \$ _____	_____ \$ _____	_____
Total Cash Income \$ _____	Total Cash Payments \$ _____	_____

11. SURPLUS / DEFICIT	
Total Monthly Cash Income \$ _____	Do you expect any major changes in cash received or cash payments in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Less Total Monthly Cash Payments \$ _____	If yes, please include explanation within Section 19.
Surplus/Deficit \$ _____	_____
If there is a deficit, how do you meet it?	_____

*estimated cash flow, please round off to the nearest \$100

12. ASSETS

Cash on Hand \$ _____

Bank Accounts

Checking \$ _____

Savings \$ _____

CDs \$ _____

IRA/Retirement \$ _____

401K \$ _____

Stocks/Bonds \$ _____

Automobiles

			\$	
year	make	model		value
			\$	
year	make	model		value

Life Insurance

Face Value \$ _____

Cash Surrender Value \$ _____

Home \$ _____

source as of value

Other Real Estate (describe)

Personal Property (describe)

Total Assets \$ _____

13. LIABILITIES

Mortgages

\$ _____

\$ _____

Loan Balances

\$ _____

\$ _____

\$ _____

Credit Card Balances

\$ _____

\$ _____

\$ _____

\$ _____

Medical/Hospital Bills (exceeding coverage)

\$ _____

\$ _____

\$ _____

Other (excluding charges to credit cards)

\$ _____

\$ _____

\$ _____

Total Liabilities \$ _____

Reviewer Notes

14. NET WORTH

Total Assets \$ _____

Less Total Liabilities \$ _____

Net Worth \$ _____

IMPORTANT!

Please refer to Benevolent Fund Financial Assistance instructions, and page 6 of this application, for an itemized listing of requested support documents. Failure to provide support for items 9-15 will cause delay in processing application for financial assistance.

SUBMISSION CHECKLIST

Please review the below before submitting application.

Applicant Name _____

How did you first hear about the AICPA Benevolent Fund? _____

Please use the below checklist to organize all support documentation. Bold items are required, non-bold items are not required, though will help in assessing need for financial assistance.

Application (all 8 pages)

Bank Statements

401K/Retirement Statements

Proof of Income

Mortgage Statement/Renters Proof

Utility Statements

Credit Card Statements, if any

Doctor's Note

Medical Bills

Loan Statements/Car Notes

Insurance Documents

Tax Returns

4506-T Form

Additional Support for Request

OFFICE USE ONLY

Case No. _____

Reviewer Signature _____

BEFORE YOU SUBMIT...

- Keep documents loose, please remove any staples, paperclips or other binding
- Only provide most recent month's statements and bills
- Identify types of bills and insurance, where appropriate, within support documentation

Would you be willing to share your story for the purpose of promoting/marketing the AICPA Benevolent Fund*?

 Yes

 No

*This has no impact on the assessment of your application.



Application for Financial Assistance

15. TAX INFORMATION

Did you or any other member of your household file a personal tax return in the past year? Yes No

If no, please indicate why it was not necessary to file a return.

16. INSURANCE INFORMATION

Do you participate in any of the following insurance plans offered by the AICPA Insurance Trust? Flexible Life Insurance Plan? LTD Plan? Group Insurance Plan? LTC Plan?

17. AUTHORIZATION

AUTHORIZATION TO FURNISH INFORMATION

I have disclosed all of my assets or resources in this application to the best of my knowledge. If assistance is furnished as a result of this application, I agree to notify the AICPA BENEVOLENT FUND, INC., of any changes in status with respect to property or income. I hereby authorize any person, firm, corporation, agency or institution to furnish the AICPA BENEVOLENT FUND, INC., with any and all information in its possession relating to my assets, deposits, dealings or business of any kind whatsoever; or concerning any matter that the AICPA BENEVOLENT FUND, INC., may desire.

Applicant's signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, licensed clinical social worker, or other medical or medically related facility, or insurance company, to release any information about me concerning my medical, financial, or emotional condition at this point, to the Trustees of the AICPA BENEVOLENT FUND, INC.

Applicant's signature _____ Date _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION

At the discretion of the AICPA BENEVOLENT FUND, INC. and/or at my request, a CPA may be assigned to my case for assistance with application completion, verification of living situation, financial planning or other services deemed necessary by the Fund. I agree that I will release and hold harmless the Fund, its Trustees, agents and representatives from any and all responsibility and liability for any disclosure, whether intentional or accidental, of personal financial information requested and provided for assistance evaluation.

Applicant's signature _____ Date _____

AUTHORIZATION TO OBTAIN CREDIT HISTORY

By signing below, I give the AICPA BENEVOLENT FUND, INC., permission to obtain credit history on me or my spouse, if applicable.

Applicant's signature _____ Date _____

If applicable, spouse's signature _____ Date _____

18. FILL OUT IF COMPLETED BY PERSON OTHER THAN APPLICANT

Name _____
Signature _____
Telephone _____ Date _____
Organization/relationship to the applicant _____

MAIL TO:
AICPA Benevolent Fund, Inc.
Benevolent Fund Administrator
220 Leigh Farm Road
Durham, NC, 27707-8110

or FAX TO:
919.419.4749

To protect your personal information, please do not email your application.

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.

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a 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.	
5b Customer file number (if applicable) (see instructions)	

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:** 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 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
Sign Here ▶ _____ 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.

What's New. 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, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 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 855-587-9604
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 855-800-8105
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 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service 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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 5b. 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 be blank 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.



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
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.