



**PARTIAL EXEMPTION FOR SENIORS**  
**APPLICATIONS RECEIVED AFTER THE FILING DEADLINE WILL BE DENIED**

Filing Deadline: December 31<sup>st</sup>

Applications Accepted: In Person:

Monday through Friday  
9:00am to 4:00pm

Mail: Must be RECEIVED no later than December 31<sup>st</sup>  
Port Jefferson Village  
Assessor's Office  
121 West Broadway  
Port Jefferson, NY 11777

Requirements:

- The applicant must be the recorded owner and occupant of one, two, three-family residence or condominium (the partial senior exemption is not available for seasonal residents).
- **All owners must be 65 years of age or older by December 31<sup>st</sup>.** Property owned by a married couple or siblings, only one must be 65 years of age or older.
- Combined GROSS income of ALL owners and spouse(s) cannot exceed **\$58,400**
- The eligible application must be the recorded owner and/or spouse of the home within the Village of Port Jefferson for 12 months prior to December 31<sup>st</sup>.

**The Village of Port Jefferson requires the following information**  
**PHOTOCOPIED AND SUBMITTED**

**In addition to the COMPLETED and SIGNED application**

1. To prove ownership you must provide a "Deed" for the house/condominium.
2. To prove age you must provide one of the following for each applicant:
  - a) NY Driver's License or NY Non-Driver ID
  - b) Birth Certificate
  - c) Passport
3. To prove residency you must provide one of the following for each application AND spouse:
  1. NY Driver's License or NY Non-Driver ID
  2. Car Registration
  3. Voter's Registration Card

**All income submitted must be from the prior tax year  
TO PROVE GROSS INCOME YOU MUST SUBMIT PHOTOCOPIES OF THE FOLLOWING:  
FOR ALL OWNERS AND SPOUSES  
(No originals please, as they will not be returned to you)**

1. **ENTIRE** Federal Income Tax Return 1040 or 1040a, including **ALL** Schedules.
2. Page 1 of your New York Income Tax Return.
3. Social Security, IRA, Pension and Annuity 1099's. **MUST** include any non-taxable items such as Railroad, Police, Fireman, VA, Worker's Compensation or Private Disability.
4. IRA End of Year Income Summary, final Yearly Statement, Snapshot, or Performance Summary etc. for **ALL** IRA accounts to provide earnings. (information is not found on Tax Return or 1099's)
5. Proof of any rental or business income.
6. Applications **must** report any monthly contributions towards household expenses from anyone living on premises (rent from family members, friends or tenants).
7. Copy of most recent mortgage, reverse mortgage or home equity loan statement.

**IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN YOU MUST SUPPLY PHOTOCOPY PROOF OF ALL  
SOURCES OF INCOME INCLUDING ALL 1099'S  
WE ALSO MAY REQUIRE PROOF OF NON FILING IRS FORM 4506-T**

Approval:	If this exemption is approved, the savings will be applied to the June tax bill.
Denial:	Notice of Denials will be mailed to applicants
Mandatory Renewing:	<b>The PARTIAL SENIOR EXEMPTION RENEWAL must be renewed each year by December 31<sup>st</sup>.</b> Approved Exemptions will automatically receive a "Renewal Application" for the following year. Please call our office if you do not receive your renewal by November 31 <sup>st</sup> .



# Application for Senior Citizens Exemption

**RP-467**  
(8/23)

For help completing this application, see Form RP-467-I, *Instructions for Forms RP-467 and RP-467-Rnw*. You must file this application with your local assessor by the taxable status date. Do not file this form with the Office of Real Property Tax Services.

Name(s) of owner(s)		
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)
City, village, or post office	State	ZIP code
City, town, or village	State	ZIP code
Daytime contact number	Evening contact number	School district
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)
Name(s) of any non-owner spouse(s)		
Address(es) of primary residence(s) if different from above:		

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license ☐ Birth certificate ☐ Other (specify) ☐ \_\_\_\_\_

2 Date you acquired ownership of property (see instructions): \_\_\_\_\_

3 Indicate document included with application as proof of ownership (see instructions):

Deed ☐ Other (specify) ☐ \_\_\_\_\_

4 Do all the owners of the property presently occupy the premises as their legal primary residence? ..... Yes ☐ No ☐

If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? ..... Yes ☐ No ☐

If Yes, list the name and location of the facility.

\_\_\_\_\_

4b Is the non-resident owner the spouse or former spouse of the resident owner? ..... Yes ☐ No ☐

If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? ..... Yes ☐ No ☐

5 Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? ..... Yes ☐ No ☐

If Yes, explain such use and describe the portion that is so used. \_\_\_\_\_

\_\_\_\_\_

6 Did the owner or spouse file a federal income tax return for the applicable income tax year? (see instructions to determine the applicable income tax year) ..... Yes ☐ No ☐

If Yes, attach copy of such return (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the instructions).

If No, complete Form RP-467-Wkst, *Income Worksheet for Senior Citizens Exemption*. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

- 7 List the federal adjusted gross income (FAGI) (see instructions) of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (See instructions to determine the applicable income tax year and the income to be included.)

A Name of owner(s)	B FAGI
<b>7a Total FAGI of owner(s) (add column B)</b> .....	<b>7a</b>

A Name of spouse(s) if not owner of property	B FAGI
<b>7b Total FAGI of spouse(s) (add column B)</b> .....	<b>7b</b>
<b>7c Total FAGI of owner(s) and spouse(s) (add lines 7a and 7b)</b> .....	<b>7c</b>

8 Total income from RP-467-Wkst. Enter 0 if not applicable. .... **8**

9 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), enter the unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance). .... **9**

10 Of the income specified in line 8 of Form RP-467-Wkst how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions). .... **10**

**Note:** There are various adjustments to income regarding eligibility for this exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades Pre-K through 12? ..... Yes ☐ No ☐  
If Yes, complete lines 11a and 11b.

11a List the name and location of each school: .....

11b Was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ..... Yes ☐ No ☐

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, as well as a fine.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date

**For Assessor's Use Only**

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

Action on application: Approved ☐ Disapproved ☐

Proof of age submitted ☐

Proof of ownership submitted ☐

Proof of income submitted ☐

Town \_\_\_\_\_ % ☐

County \_\_\_\_\_ % ☐

School \_\_\_\_\_ % ☐

Village \_\_\_\_\_ % ☐

City \_\_\_\_\_ % ☐

Assessor's name (print)

Assessor's signature

Date



Department of Taxation and Finance  
Office of Real Property Tax Services

## Income Worksheet for Senior Citizens Exemption

**RP-467-Wkst**  
(8/23)

To be used by individuals filing Forms RP-467 or RP-467-Rnw who are **not** required to file a federal income tax return.

Name of owner(s) and owner(s) spouse(s)
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### Location of property

Street address	City/town
Village (if any)	School district

Applicable income tax year (see note below)

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**Note:** In localities where the taxable status date is **before** April 15, the applicable income tax year is two years prior to the current calendar year. In localities where the taxable status date is **on or after** April 15, the applicable income tax year is the most recent calendar year. To confirm if your locality has a taxable status date of April 15 or later, see Form RP-467-I.

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

1 Total wages, salaries, and tips (attach W-2(s)) .....	1	
2 Total interest income and dividends .....	2	
3 Unemployment compensation .....	3	
4 Total IRA distributions (attach all Forms 1099-R) .....	4	
5 Total pensions and annuities other than IRA's (attach all Forms 1099-R) .....	5	
6 Total Social Security benefits (attach Form SSA1099) .....	6	
7 Other income .....	7	

Types of other income: .....

8 Add lines 1 through 7. Enter the total on line 8 of Form RP-467 or RP-467-Rnw .....	8	
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### Certification

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

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

Signature	Date
Signature	Date
Signature	Date
Signature	Date



## NYS BOARD OF REAL PROPERTY SERVICES

AFFIDAVIT OF CONTINUED ELIGIBILITY FOR  
COUNTY/CITY/TOWN/VILLAGE PARTIAL TAX EXEMPTION FOR  
REAL PROPERTY OF SENIOR CITIZENS AND FOR  
ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTIONS  
(see reverse side for general information and instructions)

State of New York

ss:

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, depose(s) and say(s):  
(Name of owner(s))

1. I am/We are the owner(s) of real property located at:

Street Address \_\_\_\_\_

Village of \_\_\_\_\_, City/Town of \_\_\_\_\_

State of New York

2. Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

3. My/Our post office address is: \_\_\_\_\_

Telephone no. Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

4. Since I/we last filed an application or affidavit for this exemption:

- a. there has been no change in the ownership of the property;
- b. there has been no change in marital status of the owners and all of the owners continue to reside on the property; and
- c. the property continues to be used exclusively for residential purposes.

5. The income of the owner(s) for last year is not more than the maximum income allowed by the following municipalities: (Cross out any municipality after a, b, and c. if your total income last year was more than the maximum amount allowed by that municipality; see back of form for further instructions.)

- a. County
- b. City/Town
- c. Village

\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Signature of Owner

Subscribed to and sworn to before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Commissioner of deeds or notary public

In the event you are not filing tax returns any longer, please complete and forward the attached 4506T form to the IRS for confirmation for our records.

Should you need assistance, please call Kelly Reilly at 631-473-4724 extension 211. We appreciate your cooperation.



Form

**4506-T**

(June 2019)

Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**

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

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

▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](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.

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

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
- c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐
- Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.
- 9 **Year or period requested.** Enter the 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.

☐ 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.

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

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

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

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

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](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

855-587-9804

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 S-2  
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, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

855-298-1145

Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

855-821-0094

**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 reflect a generic entry of "999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

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



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

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

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

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 6.

**All others.** See section 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 this 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.