

# CENTURY LAW GROUP LLP

5200 W. CENTURY BOULEVARD, STE 345, LOS ANGELES, CALIFORNIA 90045 •  
TEL: (310) 642-6900 • FAX: (310) 642-6910

## Client Intake Information

Borrower's Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Here is what we will need to get started. Please provide us with all of the following information and or documentation as quickly as possible. It is EXTREMELY important to submit a complete package. Any MISSING INFORMATION WILL DELAY THE PROCESSING OF YOUR FILE FOR THE LENDER'S SHORT SALE APPROVAL. Please check off each item as you complete it and/or gather it for your package.

*Please attach this sheet with the front of information/documentation you provide to us:*

- FINANCIAL INFORMATION WORKSHEET – Information for both the borrower and co-borrower must be included and filled out completely.
- ATTORNEY-CLIENT FEE CONTRACT – Please read and complete the Attorney-Client Fee Contract included with your package.
- OWNERS AUTHORIZATION – Please complete the Owner's Authorization form included with your modification package. This form will give our legal staff the authority to speak with your lender and receive general correspondence in relation to/with your short sale request.
- DETAILED HARDSHIP LETTER – This form allows you to explain in detail the reason(s) behind your financial situation. In addition to filling out this form, you will need to provide proof of your hardship claim such as medical bills, death certificate, unemployment letters, divorce decree, etcetera. If there is more than one borrower, each person needs to complete a separate form.
- MORTGAGE STATEMENT or COUPON AND NOTE
- COPIES OF MOST RECENT PAYROLL STUBS – Please provide copies of pay stubs for the month most recently worked. Payroll stubs are required for both the borrower and the co-borrower.
- (If self-employed) COPIES OF MOST RECENT FEDERAL INCOME TAX RETURN  
Provide copies of original signed and dated tax returns, including all schedules for the most recent tax year for both borrowers.

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- COPIES OF YOUR 2 (6 if self-employed) MOST RECENT BANK STATEMENTS – Please provide copies of the bank statements for all accounts; please provide ALL pages. If you need help obtaining your statements either on-line or by phone, please contact your representative for help.
- COPIES OF HOUSEHOLD BILLS – Please provide copies of any and all household bills, utility bills (electric, gas, water, etcetera), insurance bills (car, home, health, etcetera), and any other outstanding liabilities which you pay.
- HOMEOWNER'S INSURANCE INFORMATION (Declarations Page)
- COPY OF DOCUMENTATION OF ANY ASSETS (including 401k, any free and clear property, vehicles owned free and clear)

REALTOR CHECKLIST:

- COPY OF LISTING AGREEMENT with Real Estate Agent information (legible & fully executed/signed)
- COPY OF SHORT SALE ADDENDUM with real estate agent information (legible & fully executed/signed)
- REAL ESTATE AGENCY RELATIONSHIP
- REAL ESTATE LISTING AGENT'S MARKETING PROPOSAL – MLS (Proof of Multiple Listing Service; will vary by lender)
- COPY OF PURCHASE OR OFFER AGREEMENT with all 8 pages (including real estate agents' names; listing and selling agents)
- COPY OF SHORT SALE ADDENDUM FROM PROSPECTIVE PURCHASER
- COPY OF PROSPECTIVE BUYER LOAN APPROVAL
- COPIES OF FUNDS TO CLOSE ESCROW: must reflect estimated HUD-1 (bank statement or any assets statement)
- ESTIMATED SETTLEMENT STATEMENT or HUD-1

## Financial Information Form & Worksheet

Loan Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Borrower's Name:		Borrower's Social Security Number:	
Co-Borrower's Name:		Co-Borrower's Social Security Number:	
Borrower's Work Number: ( )	Co-Borrower's Work Number: ( )	Residence Telephone Number: ( )	
Name of Employer:	How Long: Years:      Months:	Name of Employer:	How Long: Years:      Months:

Property Address: Please Circle One: Primary Residence or Rental Property

Street Address:		
City:	State:	Zip Code:
How long have you lived in the property:	Years:	Months:
Mailing Address (if different):		
City:	State:	Zip Code:

### Current Loan Detail 1<sup>st</sup> T.D.

Mortgage Company: _____	Current Balance: \$ _____
Customer Service: _____	Account Number: _____
Mortgage Payment: _____ Impounds: Yes No Tax per Month: _____ Insurance: _____	
Current Rate of Interest: _____ Fixed or ARM Recast Date: _____ Recast Rate: _____ Payment: _____	
Delinquent Amount: _____ Last Payment Accepted: _____	NOD: Yes / No / Don't Know

2<sup>nd</sup> T.D. (if applicable)

Mortgage Company: _____	Current Balance: _____
Customer Service: _____	Account Number: _____
Mortgage Payment: _____	Impounds: Yes No Tax per Month: _____ Insurance: _____
Current Rate of Interest: _____	Fixed or ARM Recast Date: _____ Recast Rate: _____ Payment: _____
Delinquent Amount: _____	Last Payment Accepted: _____ NOD: Y/ N / Don't Know

3<sup>rd</sup> T.D. (if applicable)

Mortgage Company: _____	Current Balance: _____
Customer Service : _____	Acct # _____
Mortgage Payment: _____	Impounds: Y N Tax per Month: _____ INS: _____
Current Rate of Interest: _____	Fixed or ARM Recast Date: _____ Recast Rate: _____ Pmt: _____
Delinquent Amount: _____	Last Payment Accepted: _____ NOD: Y/ N / Don't Know

## Financial Information Form & Worksheet (continued)

<b>Monthly Income Information: ( Note please provide two recent pay stubs )</b>			
Description	Income ( Borrower )	Income ( Co-Borrower )	Total
Net Salary / Wages			
Commissions / Bonuses			
Other Income ( Explain )			
Total Net Income			

Assets	Estimated Value	Comments
Financial Secured Property:		
Other Real Estate ( Explain )		
Automobile ( Make and Model )		
Automobile ( Make and Model )		
Checking Accounts		
Savings / Money Market Accounts		
IRA / Keogh Accounts		
401K / ESOP Accounts		
Stocks/ Bonds, CD's		
Life Insurance ( Cash Value )		
Other		

## Financial Information Form & Worksheet (continued)

### Additional Information Required

Please List any Liens Currently Held Against the Property (HOA, or TAX, Mechanic Liens, etcetera)

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Also Please List All Real Estate You Have An Interest In, Besides This Primary Residence

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### Authorization to Release Credit Information

I authorize Century Law Group LLP and/or its authorized agent, to obtain a credit profile through a credit bureau. The undersigned, jointly and severally, represent and warrant to the above mentioned companies that the information submitted in this personal financial statement, questionnaire and financial statement scheduled is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading.

\_\_\_\_\_  
Borrowers Signature:

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Co-Borrower Signature

Date: \_\_\_\_\_, \_\_\_\_\_

## Detailed Hardship Letter

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_ Borrower's Residence: \_\_\_\_\_

Borrower's Home Phone #: \_\_\_\_\_ Borrower's Cell Phone #: \_\_\_\_\_

Please explain your reasons for your current hardship. Be very specific in the events that have happened as this will be included in the decision of the hardship program. If you have documentation that supports your explanation, please include it with this form when you return it to us.

Please be sure to put specific dates for each hardship occurrence

1) What caused you to get behind on your mortgage payments?

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2) Approximately, when did this hardship occur?

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4) Was there any change in your employment situation, such as pay reduction or termination of employment due to company wide layoffs?

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5) Do you have any excessive financial responsibilities that have added to your hardship?

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6) Has there been any illness or death in your family that has added to your hardship?

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7) I believe that my situation is:  Temporary  Permanent

8) Please include any additional comments you feel are relevant to your situation.

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Borrowers Signature: \_\_\_\_\_

Date:

Co-Borrower Signature \_\_\_\_\_

Date:

**Once completed please Mail/Email or Fax all of the above documents to Century Law Group LLP at:**

Century Law Group LLP  
5200 W. Century Blvd., Ste. 345  
Los Angeles, CA 90045  
[rizza@centurylawgroup.com](mailto:rizza@centurylawgroup.com)  
Fax: (310) 642-6910

## CENTURY LAW GROUP LLP

5200 West Century Blvd., Suite 345  
Los Angeles, California 90045  
(310) 642-6900

1754 Technology Drive, Suite 236  
San Jose, California 95110  
(866) 522-2642

\_\_\_\_\_, 2010

### ATTORNEY-CLIENT FEE CONTRACT

This ATTORNEY-CLIENT FEE CONTRACT ("Contract") is entered into by and between \_\_\_\_\_ ("Client") and Century Law Group LLP ("Attorney").

1. **CONDITIONS.** This Contract will not take effect, and Attorney will have no obligation to provide legal services, until Client returns a signed copy of this Contract and Attorney approves the file and also signs this Contract.

2. **SCOPE AND DUTIES.** Client hires Attorney to provide legal services in connection with negotiating with \_\_\_\_\_, Client's Lender(s), for Lender's consent to a short sale of Client's property located at \_\_\_\_\_. Attorney's legal services herein will **not** include filing and/or handling any court proceedings, including the filing of any pleadings to stay foreclosure proceedings; to the extent that Client desires to engage Attorney for the handling of any such court proceedings, such services must be the subject of a separate contract. Attorney shall take reasonable steps to keep Client informed of progress and to respond to Client's inquiries. Client shall be truthful with Attorney, cooperate with Attorney, keep Attorney informed of developments, abide by this Contract, pay Attorney's bills on time and keep Attorney advised of Client's address, telephone number and whereabouts.

3. **FIXED FEE.** Client's broker/ agent agrees to pay a fixed fee of 1% of the gross short sale amount (or \$2,000.00, whichever is higher) for Attorney's services under this Contract less any attorney fees paid by the lender pursuant to HUD1. Attached as Ex. A is the escrow instruction to escrow company instructing escrow company to pay to Attorney the 1% less any attorney fees paid by the lender pursuant to HUD1 through escrow, which the Client shall sign as part of this Contract.

Unless the fee retained would be unconscionable and except as provided in paragraph 7, the fixed fee will be earned in full and no portion of it will be refunded once any substantial services have been performed. Payment of the fixed fee is contingent on escrow closing and shall be out of escrow.

4. **COSTS AND EXPENSES.** In addition to the fixed fee, Client shall reimburse Attorney for all costs and expenses incurred by Attorney as a result of overnight mail and/ or messengering.

**5. DISCHARGE AND WITHDRAWAL.** Client may discharge Attorney at any time. Attorney may withdraw with Client's consent or for good cause. Good cause includes Client's breach of this Contract, Client's refusal to cooperate with Attorney or to follow Attorney's advice on a material matter of any other fact or circumstance that would render Attorney's continuing representation unlawful or unethical. If Attorney withdraws before completing Attorney's duties under this Contract, Client may be entitled to a refund of some or all of the fixed fee, depending on the facts and circumstances.

**6. CONCLUSION OF SERVICES.** When Attorney's services conclude, all unpaid charges shall immediately become due and payable. After Attorney's services conclude, Attorney will, upon Client's request, deliver Client's file to Client, along with any Client funds or property in Attorney's possession.

**7. DISCLAIMER OF GUARANTEE.** Nothing in this Contract and nothing in Attorney's statements to Client will be construed as a promise or guarantee about the outcome of Client's matter. Attorney makes no such promised or guarantees. Attorney's comments about the outcome of Client's matter are expressions of opinion only.

**8. EFFECTIVE DATE.** This Contract will take effect when Client has performed the conditions stated in paragraph 1, but its effective date will be retroactive to the date Attorney first provided services. The date at the beginning of this Contract is for reference only.

## CENTURY LAW GROUP LLP

By: \_\_\_\_\_  
Edward O. Lear

\_\_\_\_\_  
Client

\_\_\_\_\_  
Federal Tax I.D. # or Soc. Security #

\_\_\_\_\_  
Broker/ Agent

\_\_\_\_\_  
Federal Tax I.D. # or Soc. Security #

**EXHIBIT "A"**

I, \_\_\_\_\_, hereby instruct \_\_\_\_\_  
(Escrow Company), to pay 1% of the gross sale amount (or \$2,000.00, whichever is higher) of the  
property located at \_\_\_\_\_ for Attorney's services under this  
Contract less any attorney fees paid by the lender pursuant to HUD1 from escrow proceeds. The  
check shall be made payable to "Century Law Group LLP" and shall be mailed to the following  
address: Attn: Edward O. Lear, Esq., Century Law Group LLP, 5200 W. Century Blvd., Ste. 345,  
Los Angeles, California 90045.

Date: \_\_\_\_\_, 2010

\_\_\_\_\_  
Broker/ Agent

I, \_\_\_\_\_ (Client), acknowledge Broker/ Agent's escrow  
instruction above, and provide this instruction to the escrow company accordingly.

Date: \_\_\_\_\_, 2010

\_\_\_\_\_  
Client

Date: \_\_\_\_\_, 2010

\_\_\_\_\_  
Client

## **SHORT SALE SUBMISSION FORM**

**Listing Agent Info:**

Agent Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Best Contact no.: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Office no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**Selling / Buyer's Agent Info:**

Buyers Agent Name: \_\_\_\_\_  
Best Contact no.: \_\_\_\_\_ Agent Email: \_\_\_\_\_  
Office no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**Escrow Title Info:**

Escrow Title Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Escrow/Title Officer: \_\_\_\_\_ Officer Email: \_\_\_\_\_  
Officer Best Contact: \_\_\_\_\_ Fax no.: \_\_\_\_\_  
Offer Price: \$ \_\_\_\_\_ Est. Closing Date: \_\_\_\_\_

**Seller Info:**

Seller(s) Name: \_\_\_\_\_  
SS no.: \_\_\_\_\_ DOB: \_\_\_\_\_  
Co-Seller(s) Name: \_\_\_\_\_  
SS no.: \_\_\_\_\_ DOB: \_\_\_\_\_  
Subject Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Seller Best Contact no.: \_\_\_\_\_ Seller Email: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## Docs Submission Checklist

Date	Initial	
_____	_____	Legible Lender/Mortgage approval letter
_____	_____	Legible signed copy of third party authorization
_____	_____	Legible Sign Copies of Purchase Agreement
_____	_____	Legible Sign Copies of Short Sale Addendum (Buyer)
_____	_____	Legible Sign Copy of the Purchaser Lender Loan Pre-Approval (Disclosing: Rate, Term, Loan Amount, Down Payment, Loan Program)
_____	_____	Legible Copy of Earnest Deposit Receipt or Check to Escrow Company
_____	_____	Legible Copies of the Purchaser Funds to Close Escrow (Bank Statement with all pages front & back, Assets Statements, etc)
_____	_____	Legible Copy of the Estimated Settlement Statement or Estimated HUD – 1
_____	_____	Legible Sign Copies of any Addendum or Counter Offer
_____	_____	Legible Sign Copies of the Listing Agreement
_____	_____	Legible Sign Copies of the Short Sale Addendum (Seller)
_____	_____	Legible complete copy of Mortgage Lender Form and 4506-TEZ or 4506 T Form
_____	_____	Legible Sign Copy of the Financial Hardship Letter
_____	_____	Legible Copies of all Sellers Pay Check Stubs within the 30 Days Calendar of Submission. (During this process must provide pay check stubs upon receiving one).
_____	_____	Legible Copies of 2009 Federal Tax Return with all pages, schedules and page: 2 of the 1040 must be sign by all "Tax Clients"
_____	_____	Legible Copies with all pages front & back Personal Bank Statement and any Assets within the 60 Days Calendar of Submission (During this process must provide Bank Statements upon receiving one.)
_____	_____	Legible most recent all mortgage statements, property tax bill, hazard insurance declaration page and homeowner's association dues if not escrow impound
_____	_____	Legible Copies of monthly bills; utility bills, Electric/Power, Gas/Energy, Water, Sewer, Garbage, Sanitation, Cell Phone, Internet, Cable or Satellite, Home Phone, Auto Loan, Auto Insurance, List of Creditors Name, Minimum payment and current balance
_____	_____	Legible Copies of Rental / Lease Agreement if applicable
_____	_____	Legible Sign Copies of the Complete CLG Intake Packaged

## Authorization Form

This form will serve to acknowledge that the captioned mortgagor has authorized our firm, Century Law Group LLP, to act in his/her/their behalf to resolve their mortgage problems. This is in accordance with Title 24 of the CFR 203.500 (HUD). Century Law Group LLP (310) 642-6900

Loan #: \_\_\_\_\_

### Mortgagor / Borrower(s)

Borrower Name: \_\_\_\_\_

Borrower Social Security #: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Co-Borrower Social Security #: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

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

### Mortgagee / Lender

Lender: \_\_\_\_\_

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

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

Loan Number: \_\_\_\_\_

I / We authorize the agents and attorneys of Century Law Group LLP ("Authorized Party") listed below for \_\_\_\_\_ ("Lender") to provide the following information/documentation regarding the above referenced loan to the Authorized Party listed.

The Authorized Party named above is authorized to discuss all information regarding my above - referenced loan, to receive written communication and/or copies of loan documents for my above referenced loan.

This authorization is valid until \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ and/or this authorization is valid until revoked by the undersigned or when the loan modification request been completed.

I / We hereby release \_\_\_\_\_ ("the lender"), its affiliates, employees, officers, agents, and directors from any claim that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing. To be very clear, let this

document serve as an authorization to allow the third party, Century Law Group LLP, to begin work and speak on my behalf.

Mortgagor's Signatures

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Century Law Group LLP Agents and Attorneys:

Edward O. Lear      Daniel Woodford      Alfonso Florentino      Paul Alvarez

Marisol Ocampo      Rizza Gonzales      Kathy Ferrera

Form **4506T-EZ**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

# Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

▶ Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.		1b First social security number on tax return	
2a If a joint return, enter spouse's name shown on tax return.		2b Second social security number if joint tax return	
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code			
4 Previous address shown on the last return filed if different from line 3			
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.			
Third party name		Telephone number	
Address (including apt., room, or suite no.), city, state, and ZIP code			
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.			

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An 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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

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

**If you filed an individual return and lived in:**

Florida, Georgia, North Carolina, South Carolina

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, 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

Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia

**Mail or fax to the "Internal Revenue Service" at:**

RAVS Team  
P.O. Box 47-421  
Stop 91  
Doraville, GA 30362  
770-455-2335

RAVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-5876

RAVS Team  
Stop 8705 P-6  
Kansas City, MO 64999  
816-292-6102

**Signature and date.** Form 4506T-EZ 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 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

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

**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. Sections 6103 and 6109 require you to provide this information, including your SSN. 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, and the District of Columbia 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 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 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.