



**INSTRUCTIONS FOR COMPLETING REQUEST FOR COPY OF TAX RETURN
(IRS FORM 4506)**

Basic Information.

Individual Claimants who filed a single return. Complete **Lines 1a-1b** with your name and your Social Security Number or Individual Tax Identification Number. Do not complete **Lines 2a-2b**. Complete **Line 3** with your current name, address, city, state, and zip code. Complete **Line 4** only if your current address is different from the address used to file your most recent tax return.

Individual Claimants who filed a joint return. Complete **Lines 1a-2b** with your name and your Social Security Number or Individual Tax Identification Number, and your spouse's name and Social Security Number or Individual Taxpayer Identification Number. Complete **Line 1a** with the name of the spouse who appears first on your most recent tax return and Complete **Line 2a** with the name of the remaining spouse. Complete **Line 3** with your current name, address, city, state, and zip code. Complete **Line 4** only if your current address is different from the address used to file your most recent tax return.

1. Business Claimants. Complete **Lines 1a-1b** with the full name of the business (as it appears on the most recent tax return) and the Employer Identification Number. Do not complete **Lines 2a-2b**. Complete **Line 3** with the current name, address, city, state, and zip code of the business. Complete **Line 4** only if the current address is different from the address used to file the most recent tax return.

Business Claimants who filed a Schedule C or E. If you used a Schedule C or E to file taxes for your business, Complete **Lines 1a-2b** as an individual with your name and Social Security Number or Individual Tax Identification Number and not with the name of your business or your Employer Identification Number, if applicable. Complete **Lines 1a-2b**, as described above for individuals according to filing status. Complete **Line 3** with your current name, address, city, state, and zip code. Complete **Line 4** only if your current address is different from the address used to file your most recent tax return.

Multi-Facility Businesses. If you are a Multi-Facility Business claimant with more than one claim filed under the same Taxpayer Identification Number, you are required to submit only one authorization form that covers all the years for the tax documents that you submit in support of your claim. You do not need to submit multiple authorization forms for the same business and years.

Authorization for Release of Tax Returns to the Claims Administrator.

2. Line 5 is pre-filled and gives authorization for the IRS to mail your tax returns directly to the Claims Administrator.

Required Tax Return Type.

Line 6. Complete Line 6 with the type of tax return you filed for the requested year(s).

Individual Claimants who filed a single or joint return.

Complete Line 6 with "1040".

Individual Claimants who filed a Schedule C or E for business purposes.

Complete Line 6 with "1040."

Business Claimants.

Complete Line 6 with the type of tax return filed for your business (1065, 1120, 1120S, etc.). Submit a separate form for each type of return filed (if more than one type of return was filed for any requested year, or a different type of return was filed for any of the requested years).

Business Claimants who filed a Schedule C or E for business purposes.

Complete Line 6 with the type of tax return filed (1040)

3.

Line 7 is pre-filled and gives the Claims Administrator authorization to request copies of tax returns for the tax years 2007-2012. The Claims Administrator will only seek verification of tax information for the tax years for which you submitted tax returns.

Business Claimants who filed taxes for a fiscal year ending on a date other than 12/31.

In order to obtain the correct results from the IRS, you will need to send us a Form 4506 with the correct fiscal year ending date. Line 7 on the attached DWH version of the Form 4506 is pre-filled with 12/31. This will result in the rejection of our request, and the IRS will not accept alterations to this form. You can visit the IRS website at <http://www.irs.gov/pub/irs-pdf/f4506.pdf> for an adobe fillable version of the Form 4506. You must fill out Line 5 exactly as it appears on the DWH pre-filled form and insert the correct fiscal years for Line 7.

Line 8 will be filled in by the Claims Administrator. The Program will cover all necessary costs. Do **NOT** send payment with your completed Form 4506.

Required Signatures.

Attestation Clause

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

Individual Claimants.

Sign and date Form 4506 and provide your daytime telephone number. Sign Form 4506 exactly as your name appears on your latest tax return. If you changed your name, also sign your current name. If you are signing Form 4506 on behalf of an individual, sign and date your name, and indicate your authority to sign on behalf of the individual listed in Line 1a or 2a. You must also attach documentation showing your authority to sign on behalf of the individual. For example, a power of attorney or the letters testamentary authorizing you to act on behalf of the deceased individual's estate.

Business Claimants.

Sign and date Form 4506 and provide a daytime telephone number. Form 4506 must be signed and dated by, and indicate a title for, the authorized representative for the taxpayer listed on Line 1a.

4.

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| | The IRS allows only certain representatives to authorize the 4506 request and the authorized representative must have apparent authority to bind the business in legal matters. |
| 5. | <i>Attorney Representation.</i> If you are represented by an attorney in connection with your claim, do not sign the Authorization Form until you have conferred with your attorney about the decision to submit and sign the Authorization Form. |
| 6. | <i>Submit the Authorization Forms Online or by Hard Copy.</i> Submit the required Authorization Form(s) online by uploading them to your DWH Portal. If you choose to upload the forms, please ensure that the PDFs are of good quality and that there are no marks or specks on the document as a result of scanning it. Also, when uploading, please label them as "Request for Transcript of Tax Return (IRS Form 4506-T)" or "Request for Copy of Tax Return (IRS Form 4506)", as appropriate. You may return the <i>original</i> hard copy signed Authorization Form(s) to the Claims Administrator, along with any required attachment(s). |
| If you wish to submit the <i>original</i>, hard copy signed Authorization Form(s), you may submit the required documents in any of the following ways. | |
| By Mail (Postmarked no later than your response deadline) | Deepwater Horizon Economic Claims Center Claims Administrator Attn: Authorization Forms Department 250 Rocketts Way Richmond, VA 23231 |
| By Overnight, Certified or Registered Mail (If mail, postmarked no later than your response deadline; if other overnight delivery, placed in the custody of an overnight carrier by your response deadline) | Deepwater Horizon Economic Claims Center Claims Administrator Attn: Authorization Forms Department 250 Rocketts Way Richmond, VA 23231 |