

# Affordable Rentals



The Dukes County Regional Housing Authority, on behalf of TRI (The Resource Inc), a private, non-profit corporation working in conjunction with the **Town of Oak Bluffs** and the MA Department of Housing and Community Development, is currently accepting applications for the Noyes Building rental housing.

The **Noyes Building** includes:  
One studio apartment, one 1 bedroom apartment and one 2-bedroom, accessible apartment

Rents range from **\$850** to **\$1,030** per month (excluding utilities).

In order to qualify your household income must not exceed:

<b>\$45,840</b> - household of one	<b>\$52,320</b> - household of two
<b>\$58,880</b> - household of three	<b>\$65,440</b> - household of four

There will be a **qualifying lottery** & other requirements may apply

Please Join Us At The First of Two Information Meetings  
**Wednesday, June 2, 4:00 pm at the Oak Bluffs Library Meeting Room**

Or call the Housing Authority - 508-693-4419

Applications are due by **July 12, 2010**

*Applications may be obtained at the Oak Bluffs Town Hall  
and the Dukes County Regional Housing Authority*



# Noyes Building, Oak Bluffs

## Affordable Rental

## Application



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### **80% Income Limits:**

**\$45,840** - household of one

**\$52,320** - household of two

**\$58,880** - household of three

**\$65,440** - household of four

The first of two Information Meetings is scheduled for  
Wednesday, June 2, 4:00 pm at the Oak Bluffs Library Meeting Room  
You can also call the Housing Authority - 508-693-4419

Applications are due by **July 12, 2010**

**Please return applications to the Dukes County Regional Authority  
Vineyard Housing Office, State Road Vineyard Haven (behind Craig's Bicycles)**



Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance recipientcy, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing.

## APPLICATION – Noyes Building Qualifying Lottery

### **Noyes Building Rental Application Process**

Your complete application will be reviewed for entry into the qualifying lottery, the first of two significant steps towards tenancy. You will receive notification of the results of the review, as well as information on the date and time of the lottery. You do not need to be present at the lottery. If your application is eligible, you will be entered into the lottery and ranked on a list based on lottery drawing results. The order that applicants are drawn in the lottery is the order that applicants will be asked to provide items remaining for a full application and review, the second step needed for tenancy at the Noyes Building.

If your application is reviewed and determined ineligible, you will be given notice and an opportunity to appeal the determination.

If your application is received after the lottery date and is eligible, you will be placed, in order received as complete, on the waiting list after the names selected in the lottery.

When an appropriate rental becomes available, staff at the Dukes County Regional Housing Authority will contact you and will request further information (such as updated financial documents, landlord references and the like). If approved, you will be shown the unit and offered a one-year lease.

The waiting list will last for one year. At the end of that year, all names on the list will be contacted and given an opportunity to re-apply, and there will be a new ranking process.

For more details on the process and procedure of rent-up at the Noyes Building please see TRI's Affirmative Fair Housing Marketing Plan or contact the Dukes County Regional Housing Authority at (508) 693-4419.

### **Noyes Building Rental Application Checklist**

Before submitting this application, please make sure you have filled out all pages and attached the requested documentation. IN ADDITION to completing and signing this application packet, you will need to attach the following documentation. PLEASE make photocopies - do not attach originals!

- ☐ Completed and Signed Application
- ☐ Two most recent years Federal Tax Income Taxes (for all household members 18 yrs or older)
- ☐ Most recent 5 weeks of Paystubs (for all household members 18 yrs or older)
- ☐ Most recent 3 months of Bank Accounts/Asset Accounts - checking, savings, investment accounts, retirement accounts, etc. (for all household members 18 yrs or older)
- ☐ Employment Verification for all household members 18 yrs or older (two forms provided - make additional copies if you need)
- ☐ Signed IRS form 4506-T "Request for Transcript of Tax Return (two forms provided, please make additional copies as necessary)
- ☐ Student enrollment documentation (for any household member enrolled in college full-time)

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**DUKES COUNTY REGIONAL HOUSING AUTHORITY**  
**PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710**  
**DCRHA@VINEYARD.NET**

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**APPLICATION – Noyes Building Qualifying Lottery**

*FOR OFFICE USE ONLY*

Date of Receipt: \_\_\_\_\_

Control No. \_\_\_\_\_

**PLEASE PRINT:**

**Name of Applicant(s)** \_\_\_\_\_

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**HOUSEHOLD INFORMATION - All members of household including minors.**

First, Middle, Last Name of all Household Members	Relationship	Sex	Date of Birth	Employed	SS#
1.	Primary Applicant			Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	

Are any of the above listed household members full time students? ☐ Yes ☐ No

If yes, please list below: (for students 18 years old or over, documentation of enrollment will be required)

PLEASE NOTE: responses to the questions below are voluntary but may help in.

- Do you need a wheelchair accessible apartment, an adaptable apartment or a first floor apartment because of a disability of any type? ☐ Yes ☐ No
- Do you need another type of reasonable accommodation based on a disability? ☐ Yes ☐ No

Please specify:

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<b>INCOME INFORMATION</b> - Noyes Building Qualifying Lottery
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Gross Income is the combined pre-tax income for everyone in the household which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting businesses expenses).

Please list all income of any household member **over the age of 17** received from self-employment, wages/ salaries, overtime pay, commissions, fees/ tips, and bonus before taxes for the last 12-months. Applications must include most rent Federal income tax returns, including all corresponding W2's and attached schedules.

If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules.

Household Member	Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
3.	Salaries, wages, including overtime/tips		
	Net income from business or profession (Schedule C)		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI or V.A. Disability		
	AFDC or Public Assistance		
	Full Time Student Income (18 & over only)		
	Other Income:		
		<b>TOTAL GROSS INCOME:</b>	

## ASSET INFORMATION - Noyes Building Qualifying Lottery

List below the assets of everyone to live in the house including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 401k, Keogh, etc. **Do not** include the value of personal property such as clothing, furniture or cars.

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Total Household Assets \_\_\_\_\_

Preferences and Affirmative Marketing - Noyes Building Qualifying Lottery
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**Local Preference Category Information:**

Applicants are requested to provide information relative to the following for inclusion in the Local Preference pool.

- ☐ Current residents of the Town of Oak Bluffs: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.
- ☐ Oak Bluffs Municipal Employees: Employees of the Town of oak Bluffs such as teachers, janitors, firefighters, police officers, librarians, or town hall employees. Please provide documentation of employment (pay stubs, employment contract, etc).

**Affirmative Marketing:**

The following section is optional but will assist us in fulfilling affirmative marketing requirements for the purposes of this qualifying lottery process.

**Household Race:**

- ☐ Caucasian
- ☐ African American / Black
- ☐ Asian/Pacific Islander / Native Hawaiian
- ☐ Native American / Alaskan Native

**Ethnic Classification:**

- ☐ Hispanic/Latino

## CERTIFICATION AND ACKNOWLEDGEMENTS - Noyes Building Qualifying Lottery

It is the policy of the Dukes County Regional Housing Authority to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

Anyone over the age of 17 who will be living in the home must sign below.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We are aware that any misrepresentation may result in cancellation of my application.
- Consent to Release Information: I/We authorize representatives of the Dukes County Regional Housing Authority to supply and receive information to/ from my/our employer(s), my/our financial institution(s), other housing assistance programs, and/or other organizations (Criminal History Board, Credit Bureaus, Department of Employment Security, etc.) to verify the information contained in this application and to confirm my eligibility for rental opportunities.
- I/We understand that completion of this application is for placement through lottery on a list to rent an affordable apartment at the Noyes Building and does not guarantee my/our eligibility for the program and/or an offer of an apartment.

Signature\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_



In accordance with the provisions of the Equal Opportunity Act and Dukes County Regional Housing Authority policies, there will be no discrimination against an applicant for these benefits on the basis of age, gender, race, color, marital status, sexual orientation, having minor children, national origin, religion, ethnic background, physical or mental disability, or being a recipient of public assistance. The Dukes County Regional Housing Authority is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

**The Dukes County Regional Housing Authority suggests that you schedule a review of your completed application at least a week before the closing of the application period to insure successful participation in the lottery process.**

DCRHA 346 State Rd, Vineyard Haven MA (behind Craig's Bicycles) 508-693-4419



# Verification of Employment

## PART I APPLICANT INFORMATION (To be completed by **Applicant**)

Applicant: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

## PART II EMPLOYER INFORMATION (To be completed by **Applicant**)

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Employer \_\_\_\_\_

Dear Employer: The individual above has either applied for rental tenancy or home ownership through the **Dukes County Regional Housing Authority**. State guidelines require that written confirmation of all applicant income be obtained. Please be sure to accurately complete this form as false or misleading information can result in penalty.

To comply with state regulations we ask that you complete and return this form by mail or by FAX (508-693-5710). This information will be used solely for the determination of eligibility under the program. If you have any questions, please contact our office at 508-693-4419. Thank you for your prompt response. The Housing Authority

## PART III EMPLOYMENT INFORMATION (To be completed by **Employer**)

1. Date of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of Termination (if applicable) \_\_\_\_\_
3. Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ \_\_\_\_\_.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
7. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
8. Do you anticipate any change in the number of hours the employee works?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_
9. Anticipated average amount of overtime per week \_\_\_\_\_
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
11. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please indicate annual: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
12. If the employee's work is seasonal or sporadic, please indicate lay-off periods \_\_\_\_\_
13. Additional Comments: \_\_\_\_\_

Completed By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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7. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)

8. Gross income for the last 8 weeks \$ \_\_\_\_\_.

6. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

9. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

10. Do you anticipate any change in the number of hours the employee works?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

12. Anticipated average amount of overtime per week \_\_\_\_\_

13. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_

14. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate annual: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_

14. If the employee's work is seasonal or sporadic, please indicate lay-off periods \_\_\_\_\_

15. Additional Comments: \_\_\_\_\_

Completed By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Form

**4506-T**

(Rev. January 2008)

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.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

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 also call 1-800-829-1040 to order a transcript. 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.

**2a** If a joint return, enter spouse's name shown on tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code

Previous address shown on the last return filed if different from line 3

**1 b First social security number on tax return or employer identification number (see instructions)**

**2b Second social security number if joint tax return**

**5** 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. The IRS has no control over what the third party does with the tax information.

Dukes County Regional Housing Authority, PO Box 4538, Vineyard Haven, MA 02568

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**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. ▶ UHU

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, 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. BtJ

**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 30 calendar days. I

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. I

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed — within 10 business days. I

**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 2006, filed in 2007, will not be available from the IRS until 2008. 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 45 days. I

**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.

12/ 31 /2009

12/ 31 /2008

12/ 31 /2007

/ /

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.

Telephone 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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2008)

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 RAIVS 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

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1 a 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.

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

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

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

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

RAIVS Team  
Stop 6705 P-6  
Kansas City,  
MO 64999 816-  
292-6102

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.

