

Crossroads Community Hospital

Subject:	Originally <u>Issued</u>	Date of This <u>Revision</u>	<u>Page</u>	<u>No.</u>
CHARITY CARE POLICY	<i>3/1/05</i>	<i>12/08/2014</i>		

POLICY STATEMENT:

In order to serve the health care needs of our community, **Crossroads Community Hospital** will provide Free Care (hereinafter referred to as "Free Care") to patients without financial means to pay for *Inpatient, Emergency Room hospital services and Medically Necessary Out Patient Services (according to Medicare Medical Necessity Guidelines)*.

Free Care will be provided to all patients without regard to race, sex, sexual orientation, ethnicity, religion, color, or national origin and who are classified as financially indigent or medically indigent according to the hospital's eligibility criteria.

All capitalized terms herein are defined on Appendix A hereto.

PURPOSE:

To properly identify those patients who are financially indigent, medically indigent or who meet presumptive eligibility criteria, who do not qualify for state and/or government assistance, and to provide assistance with their Medically Necessary care.

ELIGIBILITY FOR FREE CARE

1. FINANCIALLY INDIGENT:

- A. A financially indigent patient is a person who is uninsured, and is accepted for care with no obligation to pay for services rendered based on the hospital's eligibility criteria as set forth in this Policy.
- B. To be eligible for Free Care as a financially indigent patient, the patient's total Household Income shall be as specified in Appendix B or C hereto. The hospital may consider other financial assets and liabilities for the person when determining eligibility.
- C. The hospital will use the most current Federal Poverty Income Guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for Free Care as a financially indigent patient. The Federal Poverty Income Guidelines are published in the Federal Register in January or February of each year and for the purposes of this Policy will become effective

the first day of the month following the month of publication, even if the guidelines attached to the Policy or posted on the Website are outdated.

- D. In no event will the hospital establish eligibility criteria for financially indigent patients which sets the income level for Free Care lower than that required for counties under the State Indigent Health Care and Treatment Act, or higher than 300% of the current Federal Poverty Income Guidelines. However, the hospital may adjust the eligibility criteria from time to time based on the financial resources of the hospital and as necessary to meet the Free Care needs of the community.
- E. Patients covered by out of state Medicaid where the hospital is not an authorized provider and where the out of state Medicaid enrollment or reimbursement makes it prohibitive for the hospital to become a provider, will be eligible for Free Care upon verification of Medicaid coverage for the service dates. No other documents will be required in order to approve the Free Care application. The patient will not be required to apply for Financial Assistance to obtain Free Care. The hospital may submit the application and verification of Medicaid coverage in another State as proof of qualification.

2. **MEDICALLY INDIGENT:**

- A. A medically indigent patient is a person whose medical bills after payment by third party payers exceed a specified percentage of the person's annual gross income as defined herein and who is unable to pay the remaining bill.
- B. Patients covered under state Medical Assistance programs that owe copayments or have a 'spend down' amount are excluded from being considered for Free Care assistance. Payment of copayments and spend down amounts are a condition of coverage and should not be written off or discounted.
- C. The maximum amount the Hospital may collect in a 12-month period from an eligible patient is 25% of the patient's Family Income. The twelve month period begins on the date of service for which the hospital first determines the patient is eligible for the discount. The hospital may exclude a patient from the 25% maximum collectible amount who has substantial assets (defined as a value in excess of 600% FPL in urban areas/300% FPL at CAH/and rural areas). Certain assets cannot be considered: primary residence, personal property exempt from collections under Section 5/12-1001 of the Illinois Code of Civil Procedure, and any amounts held in a pension or retirement plan.
- D. A determination of the patient's ability to pay the remainder of the bill, or portion of the bill, will be based on whether the patient reasonably can be expected to pay the account, or portion thereof, over a 3-year period.
- E. The patient may be eligible for a charity discount for any amount beyond what the patient is expected to pay over a 3-year period.

- F. If a determination is made that a patient had the ability to pay the remainder of the bill, such a determination does not prevent a reassessment of the patient's ability to pay at a later date should there be a change in the patient's financial status.

3. **FREE CARE PRESUMPTIVE ELIGIBILITY:**

- A. A presumptively eligible patient is an uninsured person who qualifies for financial assistance based on the demonstration of participation in one of several categories, some that are mandated categories and other categories that a hospital may consider.

- B. The mandatory categories are intended to reflect the new free care mandate included in the 2012 amendment to the Hospital Uninsured Patient Discount Act (HUDPA) legislation at urban hospitals for uninsured patients up to 200% of the federal poverty level (FPL) and 125% of FPL at rural and critical access hospitals (CAHs).

- C. All hospitals mandated categories:

1. Homelessness
2. Deceased with no estate
3. Mental incapacitation – no one to act on behalf
4. Medicaid eligibility – not on date of service/ or for non-covered service
5. Community programs that treat patients based on their income being lower than the federal poverty guideline (example: Vista patients referred by Health Reach Clinic, a local Free Care clinic where the hospital is a sponsor of their indigent program will be eligible for Free Care under completion of proper application using the same Federal Poverty Income Guidelines)
6. Enrollment in the following programs with criteria at or below 200% of the then current Federal Poverty Guidelines:
 - a. Women, Infants, Children – WIC
 - b. Supplemental Nutrition Assistance Program – SNAP
 - c. Free Lunch and Breakfast Program, or Subsidized School Lunch
 - d. Low Income Home Entergy Assistance Program – LIHEAP
 - e. Grant assistance for medical services
 - f. Temporary Assistance for Needy Families – TANF

g. Housing Development Authority Support Program

7. Incarceration in a Penal Institution with no family income or assets

4. **REPORTING:**

A. The Hospital shall report annually to the Office of the Attorney General's Office on the number of Applications completed and approved; the number of Applications completed and not approved; and the number of Applications started but not completed.

5. **THE PROCESS**

A. The hospital maintains posted signs, in English, *Exhibit "A"* and Spanish, *Exhibit "___"*, and in any other language which is spoken by 5% or more of the Hospital's patients one in each admitting and/or registration offices and one in the emergency lobby that inform customers that Financial Assistance is available and the Financial Assistance criteria.

B. All self-pay patients will be identified as quickly as possible and will be asked to complete the Financial Assistance application "FA", during the registration or financial counseling process (or if they provide information or the Hospital can obtain information that meets the Presumptive eligibility requirements a FA will not be required).

C. Hospital will post information regarding the availability of Free Care for both uninsured and insured patients on the hospital's web site, along with the application for Financial Assistance. In addition, Hospital will provide a copy of the a Financial Assistance application and information relating to Financial Assistance upon both registration and discharge.

D. Hospital will provide information on all billing notices about the availability of Free Care and/or Financial Assistance.

E. All self-pay accounts will be screened for potential Medicaid eligibility as well as coverage by other sources, including governmental programs. During this screening process an "FA" will be completed if it is determined that the patient does not appear to qualify for coverage under any program.

F. The "FA" will be sent to the Admitting Department for final determination by the Financial Counselor or Patient Access Director.

G. If the Financial Counselor determines through the application and documented support that the patient qualifies for Free Care she/he will give the completed and approved "FA" to the PAD for approval authorization, prior to write off.

H. For those patients that do not meet Presumptive Eligibility requirements, the following documents will be required, subject to availability, to process a

Financially Assistance application: current monthly expenses/bills, previous year's income tax return, current employers check stub, proof of any other income, bank statements for prior 3 months, and all other medical bills. Where the patient/guarantor indicates they do not file federal tax returns, the hospital will request that the patient/guarantor complete IRS form 4506-T (Request for Transcript of Tax Return). The patient/guarantor should complete lines 1-5 after the hospital has completed lines 6-9. Hospital will complete line 6 by entering '1040', will check boxes 6(a) and box 7. In box 9, hospital will enter prior year and prior 3 years. (Exhibit E-example and a blank form).

- I. To be eligible under the Presumptive Eligibility criteria, proof of one of the mandated categories or additional criteria must be included with the Financial Assistance application.
- J. The Financial Counselor will contact any vendor who may be working the account, to stop all collection efforts on the account.
- K. Once approved for Free Care the account will be moved to the appropriate financial class until the adjustment is processed and posted/credited to the account. After the adjustment is posted, if there is a remaining balance due from the patient, the financial class will be changed to self-pay.
- L. If the "FA" is incomplete it will be the responsibility of the Financial Counselor to contact the patient via mail or phone to obtain the required information.
- M. The Fair Patient Billing Act (FPBA) states that a patient has at least 60 days from date of service to submit a "FA" application. Applications that remain incomplete after 30 days of 'request of information', and determination has been made that patient does not qualify for Medicaid, may be denied or submitted to the CFO for consideration/approval. (see # 4 on Page 7)
- N. The application may be reopened and reconsidered Free Care once the required information is received, providing the account has not been written off to bad debt.
- O. The Patient Access Director is responsible for reviewing every application to make sure required documents are attached, prior to submitting to CFO or CEO for review and approval. All fields on the application must be completed properly. Drawing lines through fields such as income is not appropriate. If the income is zero, zeros must be entered.
- P. Medicaid patients who receive covered services that meet Medicare medical necessity criteria, but have exhausted state benefit limits (IE limited IP days or limited annual ER visits, for example), will not be required to provide any supporting documents, providing verification of Medicaid coverage for the service dates indicates patient is covered.

- Q. Once an account has been written off to bad debt, the patient will not be allowed to apply for Free Care.
- S. Free Care shall be available for those patients who are legal Illinois residents and unless otherwise provided, Non-Residents who are uninsured are not eligible for Free Care.

6. FACTOR TO BE CONSIDERED FOR FREE CARE DETERMINATION

- A. The following factors are to be considered in determining the eligibility of the patient for Free Care:
 - 1. Gross Income
 - 2. Family Size
 - 3. Employment status and future earning capacity
 - 4. Other financial resources
 - 5. Other financial obligations
 - 6. The amount and frequency of hospital and other medical bills
- B. The income guidelines necessary to determine the eligibility for Free Care are attached on *Exhibit "C"*. The current Federal Poverty Guidelines are attached as *Exhibit "D"* and they include the definition of the following:
 - 1. Family
 - 2. Income

7. FAILURE TO PROVIDE APPROPRIATE INFORMATION

- A. Failure to provide information necessary to complete an application request for Free Care within 30 days of the request may result in a negative determination. If the patient and/or family member submits an incomplete application for Free Care, the Hospital will within ten (10) business days (1) suspend any Extraordinary Collection Activity ("ECA") against the patient; (2) provide a written notification that describes what additional information or documentation is needed and includes a Plain Language Summary of the Program; and (3) provide at least on written notice information the patient about the ECAs that might be taken (or resumed) if an application is not completed or payment made by a deadline specified in the write notice, which shall be no earlier than 30 days from the date of the written notice or the last day of the application period.
- B. The account may be reconsidered upon receipt of the required information, providing the account has not been written off to bad debt.

- C. If at any time during the review process it becomes apparent that an Applicant for Free Care has withheld relevant information, provided false information or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of the Hospital, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. The provision of a questionable social security number shall not result in automatic disqualification for Financial Assistance.
- D. Free care will only be applied to true self-pay balances, after all third party benefits/resources are reasonably exhausted, including but not limited to, benefits from insurance carriers, government programs or proceeds from litigation and/or settlements. Patients requesting Financial Assistance must, whenever possible, be screened for eligibility for Medicaid or Health Insurance Exchange coverage and, if found eligible, the patient must fully cooperate with enrollment requirements. Failure to cooperate or enroll in available Medicaid or Health Insurance Exchange coverage may result in denial of a request for Financial Assistance.

8. EXCEPTION TO DOCUMENTATION REQUIREMENTS

The CFO may waive the documentation requirements and approve a case for Free Care; at his/her sole discretion based on their belief the patient does/should qualify for Free Care. The amount or percentage of Free Care discount will be left to the CFO's discretion. Waiver of the documentation requirements should be noted in the comments section on the patient's account, as well as the percent or dollar amount approved for Free Care adjustment, printed out and attached to the Financial Assistance (FA) form.

9. TIME FRAME FOR ELIGIBILITY DETERMINATION

A determination of eligibility will be made by the Business Office within 30 working days after the receipt of all information necessary to make a determination.

10. DOCUMENTATION OF ELIGIBILITY DETERMINATION AND APPROVAL OF WRITE-OFF

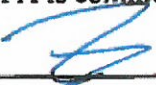
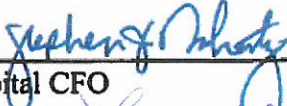

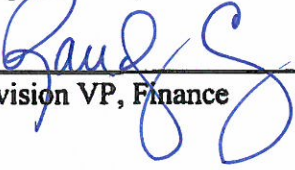
Once the eligibility determination has been made, the results will be documented in the comments section on the patient's account and the completed and approved "FA" will be filed attached to the adjustment sheet and maintained for audit purposes. The CEO, CFO, PAD will signify their review and approval of the write-off by signing the bottom of the Free Care/Financial Assistance Program Application form. The signature requirements will be based on the CHS financial policy for approving adjustments. The Patient will be notified immediately and any billing and collection activity will cease.

11. REPORTING OF FREE CARE

Information regarding the amount of Free Care provided by the hospital, based on the hospital's fiscal year, shall be aggregated and included in the annual report filed with the Bureau of State Health Data and Process Analysis at the State Department of Health. These reports also will include information concerning the provision of government sponsored indigent health care and other county benefits. (Only for those states that require).

12. **POLICY REVIEW AND APPROVAL**

The below individuals have read and approved this policy: These parties shall assure that controls are in place to assess patient program eligibility in accordance with applicable law, that will track billing and maintain information on patient applications and eligibility for FA, that the Hospital bills eligible patients the same as those with insurance, that monitor referral to collection agencies pursuant to any policy relative to same and that the availability of FA is communicated to the Hospital's patients as provided for herein.

 _____	<u>12/9/2014</u> _____
Hospital CEO	Date
 _____	<u>12.09.14</u> _____
Hospital CFO	Date
 _____	<u>12/10/14</u> _____
Corporate VP, Patient Financial Services	Date
 _____	<u>12/10/14</u> _____
Division VP, Finance	Date

Appendix A Definitions

Affiliates: Those entities controlled by, controlling, or under common control with Hospital. For purposes of this policy, the term "Affiliates" does not include Hospital affiliates that are legally or otherwise restricted from adopting this policy.

Amounts Generally Billed: Charges for medically necessary services shall be limited to no more than amounts generally billed to individuals who have insurance covering such care ("AGB").

- i. In calculating the AGB, the Hospital has selected the "look-back" method whereby the AGB is determined based on actual past claims paid to the Hospital by Medicare fee-for-service together with all private health insurers paying claims to the Hospital.
- ii. The AGB percentage will be calculated at least annually by dividing the sum of all claims that have been paid in full during the prior 12 month period by the sum of the gross charges for those claims. This resulting percentage is then applied to an individual's gross charges to reduce the bill.
- iii. A revised percentage will be calculated and applied by the 45th day after the first day of the start of the fiscal year used to determine the calculations.

Applicant: An Applicant is the person submitting an Application for Financial Assistance, including the patient and/or the patient's guarantor.

Application: A Financial Assistance Application.

Application Period: During the Application Period, the Hospital must accept and process an application for Financial Assistance ("Application"). The Application Period begins on the date the care is provided to the individual and ends on the 240th day after the Hospital provides the patient with the first billing statement for the care.

Billed Charge(s): The fee for a service that is based on the Hospital's master charge schedule in effect at the time of the service.

Completion Deadline: The Completion Deadline is the date after which a Hospital may initiate or resume ECAs (as defined below) against an individual who has submitted an incomplete Application if that individual has not provided the Hospital with the missing information and/or documentation necessary to complete the Application. The Completion Deadline must be no earlier than the later of 30 days after the Hospital provides the individual with this written notice; or the last day of the Application Period.

Cost-of-Care Discount: 30%

Discounted Care: Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Managed Care Discount.

Extraordinary Collection Activity: As defined by the Act, but includes any legal action with respect to a Patient's Account.

Family Income: Family Income is defined based on definitions used by the U.S. Bureau of the Census and includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered income.

Family Size: The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals permanently residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size shall include household members of the individual claiming dependency.

Federal Poverty Guideline: The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). Guidelines, attached as Appendix A-1, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Financial Assistance: Care provided to patients who meet MSMC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a patient's failure to pay, or the cost of providing that care to patients; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third-party payors.

Free Care: A discount equal to one hundred percent (100%).

Financial Assistance Policy Committee: That committee comprised of representatives from MSMC Affiliates and which makes recommendations with respect to this Policy and ensures operational alignment in implementing this Policy. If a committee does not exist, the CFO or his/her delegates shall be responsible for this function.

Household Income: The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and social security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and social security; and other income available to Applicant. Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident includes patients who qualify for Illinois residency under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. These patients are encouraged to seek treatment at an appropriate facility within their geographic proximity.

Insured Patient: A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers’ compensation, accident liability insurance, or other third-party liability.

Legal Illinois Resident: A Legal Illinois Resident includes patients legally residing within the United States *and* who have their principal residence within the state of Illinois. With respect to foreign nationals, “legally residing” shall include individuals who have current visas and who are permanent residents and temporary workers. “Legally residing” shall not include foreign nationals who have visitor or student visas. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. These patients are encouraged to seek treatment at an appropriate facility within their geographic proximity.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Non-Resident: A Non-Resident is a patient who is neither a Legal Illinois Resident nor an Illinois Resident.

Uninsured Patient: A patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, workers’ compensation, accident liability insurance, or other third-party liability.

Appendix B
Example of 'Availability of Free Care' Sign-English Version

FREE CARE POLICY

You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact customer service at 618-241-8584

In order to be eligible for Free Care, you must:

Have no other source of payment such as insurance, governmental assistance or savings;
or

Have hospital bills beyond your financial resources; and

Provide proof of income and income resources; and

Complete an application and provide information required by the hospital.

Forms and information about applying for Free Care are available upon request.

Appendix C
Example of 'Availability of Free Care' Sign-Spanish Version

REGLAS PARA SERVICIOS DE CARIDAD

Usted puede cualificar para asistencia financiera debajo de los terminus y condiciones de el hospital. Para mas informacion, contacte a el servicio de asistencia a 618-241-8584

Para obtener derecho a servicios caritativos, se necesita tener los siguientes requisitos:

No tener otro medio de pagar, por ejemplo, seguro medico, asistencia del gobierno federal, o sus propios ahorros o bienes

Tener cuentas de hospital que esten mas alla de sus recursos economicos.

Tambien hay que:

Presentar pruebas de sus ingresos y recursos economicos

Completar la solicitud de servicio y dar la informacion que le pide al hospital.

Formularios con informacion y datos tocante a la sollicitacion de servicios caritativos se proveeran. A aquellos individuos interesados.

Appendix D
Federal Poverty Income Guidelines 2014

2014 Poverty Income Guidelines for the
48 Contiguous States and the District of Columbia

Persons in family/household	Poverty Income Guideline
1	\$11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090
For families/households with more than 8 persons, add \$4,060 for each additional person.	

Appendix E
(Attach IRS Form 4506-T blank form and example of completed form)

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **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 Transcript of Your Tax Records" 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 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.	

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 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

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, 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		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	

SAMPLE

Form **4506-T**
(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ 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 Transcript of Your Tax Records" 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. John Q. Doe	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 444-44-4444
2a If a joint return, enter spouse's name shown on tax return. Jane A. Doe	2b Second social security number or individual taxpayer identification number if joint tax return 777-77-7777
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 1234 Duff Street, AnyCity TN 33333	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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. Crossroads Community Hospital #8 Doctor's Park Rd Mt Vernon IL 62864 C/O Financial Counselor	

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. ▶ 1040
- 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 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
 - 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. 12/31/2013 12/31/2012 12/31/2011 12/31/2010

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, 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	John Q Doe & Jane A Doe must both sign and date. John Q. Doe must also enter phone number	
	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.

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 Transcript of Your Tax Records" 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 512-460-2272
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 559-456-7227
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 816-292-6102

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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84400 801-620-6922
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 859-669-3592

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 address 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 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. If you completed line 5 requesting the information be sent to a third party, 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.

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.

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.

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
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.