

STATE OF IOWA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL INVESTIGATION

IOWA ADDENDUM TO THE MULTI JURISDICTIONAL GAMING APPLICATION



**NAME:**

\_\_\_\_\_ **First**      **Middle**      **Maiden**      **Last**      **Date of Birth**

Social Security Number: \_\_\_\_\_ Have you ever been licensed for Iowa Gaming? \_\_\_\_\_

Company/Casino Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State Issued: \_\_\_\_\_ D.L. Number: \_\_\_\_\_

This form is a supplement to the I.A.G.R. MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi-Jurisdictional form to apply for qualification in more than one gaming jurisdiction, and one of those jurisdictions is Iowa, you are required to file this supplemental form as part of your Iowa application. The other jurisdictions where you are filing may also have supplemental forms and it is your responsibility to obtain those forms and make the appropriate filings. Copies of the electronic forms used in Iowa are available on the Internet at <https://dps.iowa.gov/divisions/criminal-investigation/special-enforcement-operations/background-investigations-forms> and [www.IAGR.org](http://www.IAGR.org).

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. However, the Iowa Division of Criminal Investigation will take whatever time necessary to conduct a thorough background investigation. Background investigations may take several weeks, depending on the level of license required and the complexity of the investigation.

**Investigation Fee:**

An application fee of \$4,000 for an Iowa background and \$6,000 for an out-of-state background shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the application in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

**Instructions:**

Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. All entries on this form, except initials and signatures, must be typed or printed in block lettering using blue ink. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application.

This application form is to be completed by the person who wishes to apply for a gaming license to be issued by the Iowa Racing and Gaming Commission (IRGC). Return the completed multi-jurisdictional form, the completed addendum, all supporting documentation in one submission and payment to the Iowa Racing and Gaming Commission; DMACC Capitol Center; 1300 Des Moines Street Suite 100; Des Moines, Iowa 50309

All persons completing this application form must be fingerprinted by a law enforcement agency or a Racing and Gaming official only. Two completed fingerprint cards must accompany this application. If applying with the Iowa Racing and Gaming Commission use the fingerprint cards furnished by them, otherwise fingerprint cards will be furnished by the law enforcement agency.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the Credit History and I.R.S. forms that are attached to this application.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Initials/Date \_\_\_\_\_

**Applicant/Family Members**

1. Identify applicant's Social Security number and those of all immediate family members and their relationship to the applicant (immediate family is defined as spouse, children, step-children, parents, siblings).

Name	Relationship	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attorneys**

2. Identify current and past attorneys utilized in the last ten (10) years and services provided.

Name of Attorney	Firm Name	Address	Services	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CPA/Accountants**

3. Identify current and past C.P.A.s, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years.

CPA/Accountant	Company Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Initials/Date \_\_\_\_\_

**Donations**

4. Identify political contributions in Iowa or any other jurisdictions for the last six (6) years.

Candidate	Date	Position	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Motor Vehicle Data**

5. In addition to the information provided in question #66 on the multi-jurisdictional form, complete the following information as to all personal vehicles currently registered or leased to you, your spouse and those persons living with you. Include all vehicles such as automobiles, motorcycles, recreational vehicles, aircraft and watercraft.

Year	Make & Model	License Plate Number	Registered Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 6. A copy of every page of your current and valid Passport/Visa.
- 7. A certified copy of your birth certificate issued by a governmental authority with an official seal.
- 8. A copy of your Certificate of Naturalization or a current identification card issued by the Bureau of Immigration and Customs Enforcement if you were not born in the United States.
- 9. A copy of your current government-issued driver's license containing a photograph.
- 10. Provide a certified copy of your college transcripts for each college listed in question #11 on the multi-jurisdictional form.
- 11. Provide a copy of your current employment contract or agreement, including bonus structure or stock options for your present position for which you are submitting this gaming application.
- 12. Provide a copy of the previous 12 months account statements for each financial institution listed in question #60 on the multi-jurisdictional form.

Initials/Date \_\_\_\_\_

13. Provide a copy of the previous 12 months account statements for each security as defined in question #62 on the multi-jurisdictional form.
14. Provide a copy of purchase and sale documents relating to your real estate information listed in question #63 and #71 on the multi-jurisdictional form.
15. Provide a copy of supporting documentation for each life insurance policy and its corresponding cash value as listed in question #64 on the multi-jurisdictional form.
16. Provide a copy of the previous 12 months account statements for each pension/retirement fund listed in question #65 on the multi-jurisdictional form.
17. Provide a copy of the loan documents or satisfactions therein relating to your notes payable information for the previous 24 months as listed in question #68 on the multi-jurisdictional form.
18. Provide a copy of your federal and your state of residency (if applicable) tax returns for the previous three (3) years, including all schedules as listed in question #70 on the multi-jurisdictional form.
19. Provide a copy of the mortgage loan documents or satisfaction therein relating to your information for the previous 24 months as listed in question #71 on the multi-jurisdictional form.

Initials/Date \_\_\_\_\_

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STATE OF IOWA

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation, and/or the Iowa Racing and Gaming Commission, whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

- 1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this Authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this Authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation in their review of this application.
4. I understand that I may revoke this Authorization in writing at any time and the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.
5. This Authorization will automatically expire one year from the date it is signed.
6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_
(Typed or Printed)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

Initials/Date \_\_\_\_\_

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STATE OF IOWA

CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and Global Screening Solutions, have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Iowa Division of Criminal Investigation may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize Global Screening Solutions at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, customerservice@global-screeningsolutions.com, www.Global-ScreeningSolutions.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative Iowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.

I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide Global Screening Solutions with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Form with fields for Applicant Last Name, First Name, Middle Name, List Other Names Used, Date of Birth, Social Security Number, Current Address, City/State/Zip, Dates, Previous Address, and Applicant's Signature/Today's Date. Includes a yellow highlighted box: RELEASE MUST BE SIGNED.

I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).

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Do not sign this form unless all applicable lines have been completed.  
Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
<b>i. IVES participant name</b> Iowa Division of Criminal Investigation		<b>ii. IVES participant ID number</b> 0000302214		<b>iii. SOR mailbox ID</b> 4PZJGH6WWE	
<b>iv. Street address</b> (including apt., room, or suite no.) 215 E 7th Street		<b>v. City</b> Des Moines		<b>vi. State</b> IA	<b>vii. ZIP code</b> 50319
<b>5b. Customer file number</b> (if applicable) (see instructions)			<b>5c. Unique identifier</b> (if applicable) (see instructions)		
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))					
<b>i. Client name</b> Iowa Division of Criminal Investigation				<b>ii. Telephone number</b> 515-725-6034	
<b>iii. Street address</b> (including apt., room, or suite no.) 215 E 7th Street			<b>iv. City</b> Des Moines		<b>v. State</b> IA
			<b>vi. ZIP code</b> 50319		

**Caution:** This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

**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 for line 6 transcripts

1040

**a. Return Transcript**       **b. Account Transcript**       **c. Record of Account**

**7. Wage and Income transcript** (W-2, 1098-E, 1099-G, etc.)

**a.** Enter a max of three form numbers here; if no entry is made, all forms will be sent.

**b.** Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a       Line 2a

**8. Year or period requested.** Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

12 / 31 2020      12 / 31 / 2021      12 / 31 / 2022      /      /

**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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	<b>Signature for Line 1a</b> (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	<b>Print/Type name</b>			
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)			
	<b>Spouse's signature</b> (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
<b>Print/Type name</b>				

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** 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. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

**Line 6c.** Record of Account 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.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**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.

**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-C 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.  
**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-C 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.