

IMPORTANT NOTES ABOUT COMPLETING THE 4506-C

EDITS: There can be no circles or markings on the form.

Additional Information:

- If two tax years are listed and only one is needed, a new form must be provided.
- If two tax years are listed, then two years of transcripts must be ordered.

Forms that have been altered will be rejected. If information is missing or incorrect, a new signed form will be required.

BOXES 6 & 7 - ALL CLIENTS

- Forms submitted with entries in both boxes 6 & 7 will be rejected.
- Box 6 only one transcript type permitted on each order.

	Franscript 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 ranscripts							
a. Re	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							

SIGNATORY BOXES - ALL CLIENTS

- Signatory Attestation box must be checked on all orders.
- If document is e-signed, the 2 "electronically signed" boxes must be checked.

Must be checked on all orders 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. Signature for Line 1a (see instructions) Phone number of taxpayer on line 1a or 2a Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Print/Type name Check both boxes it Title (if line 1a above is a corporation, partnership, estate, or trust) Sign Here Spouse's signature (required if listed on Line 2a) Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Print/Type name





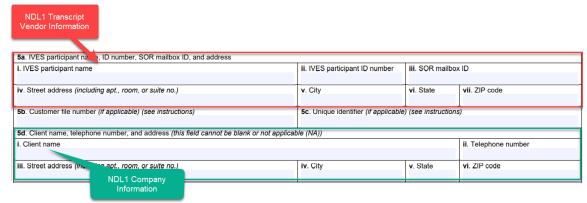
BROKER

GHMC Transcript Vendor Info must be listed in 5A and GHMC Company Info must be listed in 5D.

Vendor Information 5a, IVES participant name, ID 1 wheer, SOR mailbox ID, and address i. IVES participant name ii. IVES participant ID number iii. SOR mailbox ID ORDER4506 TAXRETURNVERIFICATIONS.COM 301300 iv. Street address (including apt., room, or suite no.) 327 Caldwell Dr #100 v. City vi. State vii. ZIP code Goodlettsville ΤN 37072 5b. Customer file number (if applicable) (see instructions) 5c. Unique identifier (if applicable) (see instruction 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) i. Client name ii. Telephone number 1-800-467-3032 Guaranty Home Mortgage Corporation iii. Street address (including apt., room, or suite no.) 3200 West End Avenue, Suite 110 iv. City Nashville v. State vi. ZIP cod 37203

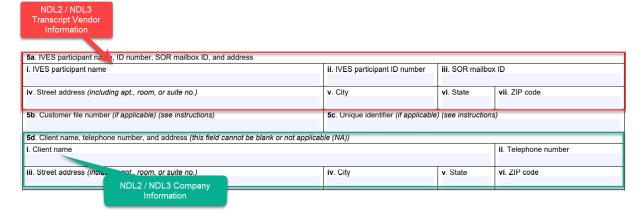
NDL1 CORRESPONDENT - INITIAL SUBMISSION

4506-C's included in the <u>initial submission</u> must list NDL1 Correspondent Transcript Vendor Info in 5A and Correspondent Company Info in 5D. *GHMC will prepare the 4506-C for the <u>closing package</u>.



NDL2 / NDL3 CORRESPONDENT - INITIAL SUBMISSION

4506-C's included in the <u>initial submission</u> must list NDL2 / NDL3 Correspondent Transcript Vendor Info in 5A and Correspondent Company Info in 5D.





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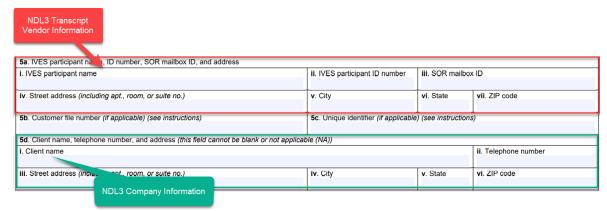
NDL2 CORRESPONDENT - CLOSING PACKAGE

4506-C's included in the <u>closing package</u>, must list GHMC Transcript Vendor Info in 5A and GHMC Company Info in 5D.

GHMC's Transcript Vendor Information 5a. IVES participant name, ID in riber, SOR mailbox ID, and address ii. IVES participant ID number iii. SOR mailbox ID TAXRETURNVERIFICATIONS.COM 301300 ORDER4506 vi. State vii. ZIP code iv. Street address (including apt., room, or suite no.) v. City 327 Caldwell Dr #100 Goodlettsville 37072 5b. Customer file number (if applicable) (see instructions) 5c. Unique identifier (if applicable) (see instructions 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA), i. Client name Guaranty Home Mortgage Corporation 1-800-467-3032 v. State iii. Street address (including apt., room, or suite no.) iv. City vi. ZIP code 37203 3200 West End Avenue, Suite 110 Nashville GHMC's Information

NDL3 CORRESPONDENT - CLOSING PACKAGE

4506-C's included in the <u>closing package</u> can either be NDL3 Correspondent Transcript Vendor in 5A and Correspondent Company Info in 5D **OR** GHMC Transcript Vendor in 5A and GHMC Company Info in 5D.



OR

GHMC's Transcript Vendor Information

5a. IVES participant name, ID northber, SOR mailbox ID, and address								
I. IVES participant name TAXRETURNVERIFICATIONS.COM	ii. IVES participant ID number 301300	iii. SOR mailbox ID ORDER4506						
iv. Street address (including apt., room, or suite no.) 327 Caldwell Dr #100	v. City Goodlettsville	vi. State TN	vii. ZIP code 37072					
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions)							
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))								
i. Client name Guaranty Home Mortgage Corporation				ii. Telephone number 1-800-467-3032				
iii. Street address (including apt., room, or suite no.) 3200 West End Avenue, Suite 110	CUMOL	iv. City Nashville	v. State	vi. ZIP code 37203				
	GHMC's = Company Information							



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