

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.

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		
a. Return Transcript <input type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>		
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 <input type="checkbox"/>	Line 2a <input type="checkbox"/>	

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)	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	
Print/Type name		
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature (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	
Print/Type name		

Check both boxes if form is e-signed



BROKER

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

GHMC's Transcript Vendor Information

5a. IVES participant name, ID number, 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	iv. City Nashville	v. State TN	vi. ZIP code 37203

GHMC's Company Information

NDL1 CORRESPONDENT - INITIAL SUBMISSION

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

NDL1 Transcript Vendor Information

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)	v. City	vi. State	vii. ZIP code
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		ii. Telephone number	
iii. Street address (including apt., room, or suite no.)	iv. City	v. State	vi. ZIP code

NDL1 Company Information

NDL2 / NDL3 CORRESPONDENT - INITIAL SUBMISSION

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

NDL2 / NDL3 Transcript Vendor Information

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)	v. City	vi. State	vii. ZIP code
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		ii. Telephone number	
iii. Street address (including apt., room, or suite no.)	iv. City	v. State	vi. ZIP code

NDL2 / NDL3 Company Information



3200 Park Drive Suite 110 | Nashville, TN 37203
800.467.3032 | ghmc.com



NDL2 CORRESPONDENT - CLOSING PACKAGE

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

GHMC's Transcript Vendor Information

5a. IVES participant name, ID number, 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		iv. City Nashville	v. State TN
		vi. ZIP code 37203	

GHMC's Company Information

NDL3 CORRESPONDENT - CLOSING PACKAGE

4506-C's included in the closing package 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.

NDL3 Transcript Vendor Information

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID
iv. Street address (including apt., room, or suite no.)		v. City	vi. State
		vii. ZIP code	
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			ii. Telephone number
iii. Street address (including apt., room, or suite no.)		iv. City	v. State
		vi. ZIP code	

NDL3 Company Information

OR

GHMC's Transcript Vendor Information

5a. IVES participant name, ID number, 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		iv. City Nashville	v. State TN
		vi. ZIP code 37203	

GHMC's Company Information



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