

**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 and search IVES.

1a. Current name			2a. Spouse's current name (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
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name EQUIFAX WORKFORCE SOLUTIONS LLC		ii. IVES participant ID number 300005	iii. SOR mailbox ID equifax01		
iv. Street address (including apt., room, or suite no.) 11432 LACKLAND ROAD		v. City SAINT LOUIS	vi. State MO	vii. ZIP code 63146	
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 MEGA CAPITAL FUNDING INC				ii. Telephone number 818-657-2600	
iii. Street address (including apt., room, or suite no.) 26637 AGOURA ROAD, SUITE 100		iv. City CALABASAS	v. State CA	vi. ZIP code 91302	

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 / 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.

Sign Here	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				