

## TRiO PROGRAMS:

# Upward Bound and Talent Search STUDENT APPLICATION

Submit your application by mail or fax to:

Family Centered Educational Agency, Inc. 16241 Wausau Avenue South Holland, Illinois 60473 Fax: (708) 210-1866

## Please provide the following with your completed application:

- 1. Current Report Card/Transcript
- 2. Recent State Test Results (ISAT, PLAN, EXPLORE)
- 3. Signed IRS 1040 forms or signed request for Transcript of Tax Return Form (4506-T)
- 4. School Attendance Record
- 5. Power School/CPS Login Information (if applicable)

Interviews will be scheduled upon receipt of your completed application

If you have any questions about this application or the programs, please call our office at (708) 210-1771

#### What is Upward Bound?

Upward Bound is a college preparation program funded by the U.S. Department of Education. Upward Bound is a supportive program that identifies, motivates and prepares eligible students to complete high school, enroll in, and graduate from institutions of post-secondary education. Students who complete the Upward Bound program have a higher graduation rate from college, when compared to students who do not participate in Upward Bound.

#### What commitments must I make?

You should be willing to actively participate in both the academic year and summer component of the Upward Bound program until graduation from high school.

#### **Academic Year (September through May)**

During the academic year, you will be responsible for attending monthly meetings. The meetings will be designed to improve your appreciation of learning while increasing your academic knowledge and skills in the areas of math, science, English and ACT/SAT preparation. Free tutoring will also be provided to assist you in academic areas where you might be experiencing difficulties. You will begin setting personal, academic and career goals that include planning for college, study skills development, test preparation, and career exploration. Opportunities to visit college campuses, participate in cultural activities and field trips, and attend special events will are also a part of your academic year experience.

#### **Summer Non-Residential Program (June through July)**

The summer non-residential program is an academically intensive six-week program that will provide you with unique opportunities to experience a wide range of educational, personal development, and social activities. You attend classes in Science, English, Math, Foreign Language, and other exciting subjects at a selected University Monday-Thursday. On Fridays you will go on a cultural field trip. You will also attend an exciting college tour trip during the last week of the summer program visiting colleges and universities out of state.

#### What does it cost to join Upward Bound?

Upward Bound is FREE of cost. This includes but is not limited to: tutoring sessions, classroom instruction, college visits and trips. A small stipend check will also be given to each student on a regular basis. Criteria for receiving the stipend are full participation in all Upward Bound activities and good standing within the program.

#### How can I become eligible to participate in Upward Bound?

- 1. A desire to attend a college or university and a willingness to do whatever it takes to make this dream come true;
- 2. A definable academic or personal development need for the program (i.e. a challenging academic environment, tutoring, career exploration, study skills, goal setting, motivation and encouragement);
- 3. Classification as a high school freshman (9<sup>th</sup>), sophomore (10<sup>th</sup>), or junior (11<sup>th</sup>).
- 4. The willingness to make a long-term commitment to the program. You are expected to remain involved until your graduation from high school;
- 5. Demonstration of high academic ability and/or potential;
- 6. Completion of Algebra I or the intention to complete Algebra I by the end of your 9<sup>th</sup> grade year;
- 7. Ability to secure transportation to all required academic year Saturday sessions and summer sessions at FCEA (Upward Bound will do as much as possible to help organize carpools, etc.);
- 8. You MUST meet at least one of the two criteria below to be eligible for membership:
  - Be a potential first generation college student. A student is considered first generation if neither parent or guardian with whom the student lives has not completed a four year college degree;
  - The student's family meets the federal income guidelines. The guidelines look at both the "taxable income" (Line 43 on the IRS 1040, Line 6 on the 1040EZ, line 27 on the 1040A forms) of the parent/guardian that the student currently lives with, and the number of people in the household. Any student applicant that is currently in foster care is automatically income eligible.



#### What Is Talent Search?

#### **Talent Search**

Talent Search is a program funded by the U.S. Department of Education. Talent Search is a supportive program that identifies and assists individuals from disadvantaged backgrounds who have the potential to succeed in higher education. The goal of Talent Search is to increase the number of youth from disadvantaged backgrounds who complete high school and enroll in and complete their postsecondary education. Students who complete the Talent Search program have a higher graduation rate from college, when compared to students who do not participate in Talent Search.

#### Academic Year

During the academic year, meetings will be designed to improve your appreciation of learning while increasing your academic knowledge and skills in the areas of math, science, English and ACT/SAT preparation. Free tutoring will also be provided to assist you in academic areas where you might be experiencing difficulties. You will begin setting personal, academic and career goals that include planning for college, study skills development, test preparation, and career exploration. Opportunities to visit college campuses, participate in cultural activities and field trips, and attend special events are also a part of your academic year experience.

#### What does it cost to join Talent Search?

Talent Search is FREE of cost. This includes but is not limited to: tutoring sessions, classroom instruction, college visits and trips.

#### How can I become eligible to participate in Talent Search?

- 1. A desire to attend a college or university and a willingness to make this dream come true;
- 2. A definable academic or personal development need for the program (i.e. a challenging academic environment, tutoring, career exploration, study skills, goal setting, motivation and encouragement);
- 3. Classification as a student between the ages of 11 and 27 and have completed the fifth grade.
- 4. The willingness to make a long-term commitment to the program.
- 5. Demonstration of high academic ability and/or potential;
- 6. Completion of Algebra I or the intention to complete Algebra I by the end of your 9<sup>th</sup> grade year;
- 7. You MUST meet at least one of the two criteria below to be eligible for membership:
  - Be a potential first generation college student. A student is considered first generation if neither parent or guardian with whom the student lives has not completed a four year college degree;
  - The student's family meets the federal income guidelines. The guidelines look at both the "taxable income" (Line 43 on the IRS 1040, Line 6 on the 1040EZ, line 27 on the 1040A forms) of the parent/guardian that the student currently lives with, and the number of people in the household. Any student applicant that is currently in foster care is automatically income eligible.



Apartment#:

Street Address:

Student's Phone Numbers:

Social Security Number:

City:

(C)

## **TRiO Participant Application**

#### Please Type or Print in Blue or Black Ink.

| PROGRAM (Select One):       | O Talent Se | arch O Upward Bou | nd | TRiO            |
|-----------------------------|-------------|-------------------|----|-----------------|
| STEP 1 - STUDENT INFORMATIO | N .         |                   |    |                 |
| Last Name:                  |             | First Name:       |    | Middle Initial: |

Zip:

Parent/Guardian's Phone Numbers:

(W)\_

(C)

Student E-Mail:

Parent /Guardian's E-Mail:

School/College currently attending:

School Student ID# (if applicable):

Grade Level: \_\_\_\_ G.P.A at time of application:\_

#### STED 2 STUDENT INCODMATION

| STEP 2 – STUDENT INFORMA   | TION                                 |                |                        |  |  |  |
|--|--------------------------------------|----------------|------------------------|--|--|--|
| O Hispanic O American Indian/Alaskan Native  | O Black of African American O White  | Gender: O Male | Birth Date:/           |  |  |  |
| O Asian O Native Hawaiian or Other Pacific Islander  Do you have an IEP (Individualized Educational Plan) or RTI (Response To Intervention) on file with the school/district? O Yes O No |                                      |                | Age:  Graduation Year: |  |  |  |
| Are you currently participating in any other TRiO programs? O Yes O No If you answered yes, please select the names of the program(s):   |                                      |                |                        |  |  |  |
| O Upward Bound O Talent Search O Other:  | Math-Science O Veterans Upward Bound | Control Opp    | oortunity Centers      |  |  |  |

#### STEP 3 - STUDENT INFORMATION

| Are you a U.S. Citizen?                                      | OYes         | O No |  |
|--|--------------|------|--|
| If you are not a U.S. Citizen, are you a Permanent Resident? | <b>O</b> Yes | O No | Enter Permanent Resident Alien Number: |
| Are you in foster care?                                      | OYes         | O No | Are you homeless? OYes O No            |

#### STEP 4 - PARENT/GUARDIAN INFORMATION

| Has your father received/earned a four- year degree? If yes, name of school  | Has your mother received/earned a four- year degree? If yes, name of school |
|--|---|
| Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? | O Mother O Both Mother and Father O Father O Neither Mother nor Father      |

#### **STEP 5 – STUDENT INFORMATION**

If you are at least 24 years old, ignore the questions in STEP 5 and skip ahead to STEP 6.

If you are less than 24 years old, answer the questions in STEP 5 and then go to STEP 6.

| Are you in college and working on a master's or doctorate program (e.g., M.A., MBA, MD, JD, PhD, Ed.D?                                  | OYes         | O No |
|---|--------------|------|
| Are you married?  | OYes         | O No |
| Do you have children who receive more than half of their support from you?  | OYes         | O No |
| Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? | <b>O</b> Yes | O No |
| Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?                                 | OYes         | O No |
| Are you a veteran of the U.S. Armed Forces?   | OYes         | O No |

#### STEP 6 - PARENT/GUARDIAN INFORMATION

<u>You</u> must answer the questions in STEP 6 if you are <u>at least 24 years old</u> or you answered **YES** to any of the questions in STEP 5.

<u>Your parent(s)</u> must answer the questions in STEP 6 if you are <u>less than 24 years old</u> and you answered **NO** to all of the questions in STEP 5.

Note: If you are a college student and dependent on your parents (i.e., you are <u>less than 24 years old</u> and you answered **NO** to all of the questions in STEP 5), speak with your FCEA advisor.



#### STEP 6 (Continued) - PARENT/GUARDIAN INFORMATION

| 31EP 0 (Continued) - PARENT/GUARDIAN INFORMA   | TION  |  |                                 |
|--|---|--|---------------------------------|
| What is the total number of persons in your family?  |   |  |                                 |
| Please select <b>one</b> of the following three boxes:   |   |  |                                 |
| ☐ My family's <i>taxable</i> (not total) income from   | n the last calendar year  | was:   |                                 |
| (Note: Your taxable income can be found on the federal income tax re   | urn you filed for the last calendar yε  | ear. On IRS Form 1040, see   | e line 10.                      |
| ☐ I attest that my family did not file a federal i   | ncome tax return for the  | e last calendar year   | <sup>r</sup> . My               |
| family's income was:   |   |  |                                 |
| ☐ I attest that my family had no taxable incor   | ne for the last calendar  | vear.  |                                 |
| , ,  |   | <u>y                                    </u>   |                                 |
| STEP 7   |   |  |                                 |
| Read, sign, and date.  |   |  |                                 |
| By signing this application, you attest that all the informar release of official school records to The Family Centered records will be used only to assess the student's need for evaluate the effectiveness of program activities, and fulfipictures/videos taken in connection with the activities of be used in publications. (i.e., newsletters, television, well | Educational Agency, unders<br>r program services, discern<br>Il program reporting requiren<br>the FCEA TRIO Programs (L | standing that the inform<br>his/her educational pro<br>nents. Also I authorize<br>Jpward Bound and Tak | nation in these ogress, for any |
| Student's/Participant's Signature  |   | Date: MM / D   | DD /YYYY                        |
| Parent/Guardian's Signature  |   | Date: MM [   | DD YYYY                         |
| (Parent's signature is required if applicant is less than 24 years old a   | nd answered <b>NO</b> to all of the question  | ons in STEP 5.)  |                                 |
| FOR OFFICE USE ONLY  |   |  |                                 |
| The 20federal TRIO programs for low-income level for a fall  | nily unit with members  | s is:  |                                 |
| <b>\$</b> , , , , , , , , , , , , , , , , , , ,  |   |  |                                 |
| O Recommended Approval O Not Recommended Reason:  O Recommended Approval O Not Recommended Reason: Reason:   | d   | O Approved O Denied Reason:  |                                 |
| Advisor (Print Name) Principal Investigator  | or Designee (Print Name)  | Director (Print Name)  |                                 |
| Advisor (Signature) (Date) Principal Investigator  | or Designee Signature/Date)   | Director (Signature)   | (Date)                          |
| Date of Application Entry into Database://   | Initials of Data Er   | ntry Staff:  |                                 |
| Eligibility: LI & FG LI ONLY LI & At Risk FG ONLY AT RISK O  | NLY FG & At Risk LI, FG & At Ris  | sk OTHER:  |                                 |
| At Risk Reason: RLA/Math Scores: Low GPA:  | Pre-Algebra/Algebra Not Successi  | fully Completed by 10 <sup>th</sup> Grad   | de:                             |
| <b>I</b> II  |   |  |                                 |





## FAMILY CENTERED EDUCATIONAL AGENCY, INC.

#### SCHOOL RECORDS RELEASE FORM

| Student's Nam                     | ne:                         |                    |                         |   | SSN:   |
|-----------------------------------|-----------------------------|--------------------|-------------------------|---|--|
|                                   | Last                        | First              |                         | MI  |  |
| Date of Birth:                    |                             |                    |                         | Phone Number:                               |  |
|                                   | Month                       | Day                | Year                    |   |  |
| Name of High                      | School or Gr                | ammar School:      |                         |   | _ Date of Graduation:  |
| Student I.D.#                     |                             |                    | Pow                     | er School/CPS Lo                            | gin: Username:   |
|                                   |                             |                    |                         |   | Password:  |
|                                   |                             |                    | Forwa                   | rd records to:                              |  |
|                                   |                             | FAMILY CENTI       |                         | OUCATIONAL A                                | GENCY, INC.  |
|                                   |                             |                    |                         | ) Programs<br>/ausau Avenue                 |  |
|                                   |                             | So                 | uth Holla               | and, Illinois 60473                         |  |
|                                   |                             |                    | (708                    | 3) 210-1771                                 |  |
| To the officials                  | s of:                       |                    |                         |   |  |
|                                   |                             |                    | Name of                 | Institution                                 |  |
| school records,<br>my educational | including my success and to | quarterly and seme | ster grade<br>by the U. | e report and any tran<br>S. Department of E | O Programs to have access to my official ascripts, for the purpose of assisting me in ducation. All information is confidential. |
| Student's Sign                    | nature:                     |                    |                         |   | Date:  |
| Parent/Guard                      | ian Signature               | <b>:</b>           |                         |   | Date:  |



## TRIO PROGRAM NEEDS ASSESSMENT

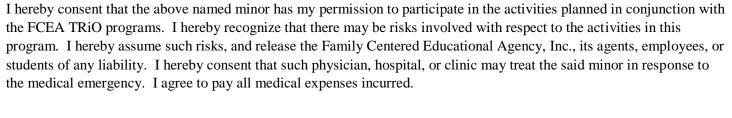
| Name  | School                      |                             | Grade Level                           |  |  |
|---|-----------------------------|-----------------------------|---------------------------------------|--|--|
| Home Address  |                             |                             |                                       |  |  |
| Street or P.O. Box#   | City                        | State                       | Zip Code                              |  |  |
| PLEASE CHECK ALL THAT APPLY.  | (You may check more that    | an one in each category)    |                                       |  |  |
| CAREER CHOICES/PLANNING:  |                             |                             |                                       |  |  |
| I am undecided about my choice of c                                 |                             |                             |                                       |  |  |
| My career choice is:  |                             |                             |                                       |  |  |
| I would like information on the follo                               | wing careers:               |                             |                                       |  |  |
| TUTORIAL ASSISTANCE:  |                             |                             |                                       |  |  |
| My grade point average is   | . (If unknown, co           | ntact your guidance counsel | or.)                                  |  |  |
| I would like assistance with study sk                               |                             | <b>, , ,</b>                |                                       |  |  |
| I would like assistance with essay wr                               | _                           |                             |                                       |  |  |
| I would like assistance with Algebra.                               |                             |                             |                                       |  |  |
| I would like assistance with commun                                 |                             |                             |                                       |  |  |
| I would like assistance with preparate                              | ion for the Pre-ACT/PSA     | Γ.                          |                                       |  |  |
| I would like assistance with preparat                               |                             |                             |                                       |  |  |
| I need assistance in deciding whether                               |                             |                             |                                       |  |  |
| I plan to re-test for the ACT on the fo                             | ollowing date:              |                             |                                       |  |  |
| I have not taken the ACT.   |                             |                             |                                       |  |  |
| I will take the ACT for the first time                              | _                           |                             |                                       |  |  |
| I would like a tutor to assist me with                              |                             |                             |                                       |  |  |
| SCHOOL CHOICE:  |                             |                             |                                       |  |  |
| I would like assistance in choosing a                               | school to attend after high | n school graduation         |                                       |  |  |
| I would like information on the follo                               |                             |                             |                                       |  |  |
|   |                             |                             |                                       |  |  |
| I plan on attending vocational/technic                              |                             |                             |                                       |  |  |
| My school choice is:  |                             |                             |                                       |  |  |
| I would like information on admission                               | on requirements for the fol | lowing school:              |                                       |  |  |
| EINIA NICHA I A COLOTE A NICH                                       |                             |                             |                                       |  |  |
| <b>FINANCIAL ASSISTANCE:</b> I would like financial aid assistance. |                             |                             |                                       |  |  |
| I would like information about the firm                             | nancial aid programs avai   | labla                       |                                       |  |  |
| I would like information about the in                               |                             | iabic.                      |                                       |  |  |
| 1 would like information about school                               | arships.                    |                             |                                       |  |  |
| COUNSELING:   |                             |                             |                                       |  |  |
| I would like personal counseling.                                   |                             |                             |                                       |  |  |
| I need to talk to a counselor about a counselor                     | career plan.                |                             |                                       |  |  |
| OTHER NEEDS NOT ADDRESSED:  |                             |                             |                                       |  |  |
| I need to hand in homework on a mo                                  | ore consistent basis.       | I need help applying for    | scholarships.                         |  |  |
| I need to learn how to take better not                              |                             | I need to talk to counsel   |                                       |  |  |
| I need to learn test taking strategies.                             |                             |                             | prepare for careers that interest me. |  |  |
| I need to learn how to read a textboo                               | k more effectively.         | I need assistance prepar    | ing for college entrance exams.       |  |  |
| I need to have better relationships wi                              | ith my teachers.            | I need to learn more abo    | out college admission requirements    |  |  |



Date

#### MEDICAL RELEASE FORM

The following information is requested to provide the TRiO Program staff with information necessary in the event of an accident, emergency, medical or health problems. Student's Name \_\_\_\_\_ Parent/Guardian's Name (Number and Street/PO Box, City, State and ZIP Code) Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_ (Cell) \_\_\_\_\_ Parent/Guardian's Email Address: Relative or family friend who can be contacted in the event parents cannot be reached: Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ **Student Medical History and Information** Medications (please list) \_\_\_\_\_ Does your child have any condition, which would interfere with his/her schoolwork, sports, or physical education (i.e. asthma, diabetes, allergies, etc.)? Physician's Name: Clinic Address/Phone: **Health Insurance Information** Insurance Company: \_\_\_\_\_ Policy/Card/ID# \_\_\_\_\_ Client ID# \_\_\_\_\_ Physician's Phone# Consent or Release for TRiO Programs (Circle One): Upward Bound or Talent Search \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_\_





Parent/Guardian's Signature

## FAMILY CENTERED EDUCATIONAL AGENCY, INC.

#### APPLICANT ESSAY

| In the space below, write a short essay explaining the value of a good education and what it means to you. Also describe in your own words how, Upward Bound or Talent Search can contribute to your future success. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |
| Student's Signature  |  |  |  |  |  |  |



### **ACADEMIC NEED FOR SERVICES**

#### **RECOMMENDATION FORM**

| Student's Name: High School or Grammar School: |  |  |  |   | mar School:  |     |
|--|--|--|--|---|--|-----|
| college<br>people<br>submit                    | , gradu<br>from le<br>ted an a<br>e the fo | nate and move on to participate more fully in ow-income households and first-generation capplication for participation in FCEA's TRiCollowing responses to determine academic ne | America<br>college st<br>D Programed for the | 's eco<br>rudents<br>m ( <i>Cir</i><br>e prog | s prepare for higher education. This student has <i>cle One</i> ): Upward Bound or Talent Search. We | 2   |
| follow   | ing se                                     |  |  |   |  |     |
| Yes  | No   | Service  | Yes  | No  | Service  | 7   |
|  |  | Academic Tutoring  |  |   | College Admissions   | _   |
|  |  | ACT/SAT Preparation  |  |   | Cultural Activities  |     |
|  |  | Assistance into Postsecondary Education  |  |   | Financial Aid Assistance   | _   |
|  |  | Campus Visits (Career Awareness)   |  |   | Financial Literacy   |     |
|  |  | Core Curriculum Instruction <ul> <li>Language Arts</li> <li>Mathematics</li> <li>Foreign Language</li> </ul>   |  |   | Test Taking Strategies   |     |
|  |  | adent benefit from additional academic asset?YesNo   | sistance                                     | in ord  | er to prepare for success at the post-seconda  | ıry |
| leaders  | hip po                                     | •  | -  | _   | person overall (i.e., peer relationships, integrit<br>sses of which we should be aware? (Feel free   | -   |
| <br>Signat                                     | ure of                                     | Person Completing Recommendation   |  |   |  | -   |



#### Why We Ask For IRS Form 4506-T

The information from your tax transcript is used in lieu of a copy of your filed income tax return.

Family Centered Educational Agency, Inc. uses the information from your tax transcript to verify the federal mandated income eligibility requirements for your child's acceptance into the TRiO programs (Upward Bound or Talent Search). This information is kept in the strictest confidence and due diligence is used to ensure that your personal information is kept confidential.

For your convenience, we have attached a copy of the IRS Form 4506-T. If applicable, please complete it and return it to us along with your application.

Thank you.



Form **4506** 

(Rev. September 2015)

Department of the Treasury Internal Revenue Service

#### **Request for Copy of Tax Return**

▶ 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, visit www.irs.gov/form4506. OMB No. 1545-0429

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

| 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                                      | lf a joir                             | nt return, enter spouse's name shown on tax return.  | 2b Second social sectaxpayer identifica  |                       |                          |  |  |
| 3 (                                     | Current                               | t name, address (including apt., room, or suite no.), city, state, and ZIP co  | de (see instructions)  |                       |                          |  |  |
| <b>4</b> F                              | reviou                                | is address shown on the last return filed if different from line 3 (see instruc  | etions)  |                       |                          |  |  |
| 5 lf                                    | the ta                                | ax return is to be mailed to a third party (such as a mortgage company), er  | nter the third party's name, ad  | dress,                | and telep                | ohone number.                          |  |
| have fi<br>5, the                       | lled in<br>IRS ha                     | ne tax return is being mailed to a third party, ensure that you have filled in these lines. Completing these steps helps to protect your privacy. Once t is no control over what the third party does with the information. If you wo you can specify this limitation in your written agreement with the third par   | he IRS discloses your tax retu<br>ould like to limit the third party'  | ırn to th             | ne third p               | party listed on line                   |  |
| 6                                       | sche<br>desti                         | return requested. Form 1040, 1120, 941, etc. and all attachments dules, or amended returns. Copies of Forms 1040, 1040A, and 1040E royed by law. Other returns may be available for a longer period of tirof return, you must complete another Form 4506. ▶  | Z are generally available for :  | 7 years               | from fil                 | ling before they are                   |  |
|   | Note                                  | : If the copies must be certified for court or administrative proceedings, cl  | neck here  |                       |                          |  |  |
|   | eight                                 | years or periods, you must attach another Form 4506  |  |                       |                          |  |  |
| 8                                       | be re                                 | There is a \$50 fee for each return requested. Full payment must be inc<br>ejected. Make your check or money order payable to "United States<br>N and "Form 4506 request" on your check or money order.  | •  |                       |                          |  |  |
| а                                       | Cost                                  | for each return  |  |                       | \$                       | 50.00                                  |  |
| b                                       |                                       | ber of returns requested on line 7   |  |                       |                          |  |  |
| c                                       |                                       | cost. Multiply line 8a by line 8b  |  |                       | \$                       |  |  |
| 9                                       |                                       | cannot find the tax return, we will refund the fee. If the refund should go t  | o the third party listed on line   | 5, cned               | k nere .                 | 📙                                      |  |
| Signati<br>request<br>managi<br>execute | ure of<br>ed. If t<br>ng me<br>e Form | not sign this form unless all applicable lines have been completed.  taxpayer(s). I declare that I am either the taxpayer whose name is shown on line request applies to a joint return, at least one spouse must sign. If signed by mber, guardian, tax matters partner, executor, receiver, administrator, trustee, 4506 on behalf of the taxpayer. Note: For tax returns being sent to a third par  | r a corporate officer, 1 percent of<br>or party other than the taxpayer<br>ty, this form must be received w                                    | or more<br>r, I certi | sharehole<br>fy that I h | der, partner,<br>nave the authority to |  |
|   | -                                     | ry attests that he/she has read the attestation clause and upons that he/she has the authority to sign the Form 4506. See instantial in the form 4506 and the form 4506 are instantial in the form 4506 and the form 4506 are instantial in the form 4506 and the form 4506 are instantial in the form 4506 are instantial instantial in the form 4506 are instantial instant | ructions.  | hone n<br>a or 2a     |                          | f taxpayer on line                     |  |
| Sign<br>Here                            | <b>)</b>                              | Signature (see instructions)   | Date   |                       |                          |  |  |
|   |                                       | Title (if line 1a above is a corporation, partnership, estate, or trust)   | 1  |                       |                          |  |  |
|   |                                       | Spouse's signature   | Date   |                       |                          |  |  |
| For Pri                                 | vacy -                                | Act and Paperwork Reduction Act Notice, see page 2.  | Cat. No. 41721E  |                       | Forr                     | m <b>4506</b> (Rev. 9-2015)            |  |
|   |                                       | a aportroit riousonon riot Honor, see page 41  | Out. INO. TITETE   |                       | . 0/11/                  |  |  |



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