TO: IRS Customer Service	FROM:
TELEPHONE NO	FAX NO:
DATE:	PAGE 1 OF
Request for Transcript of Taxes to	Obtain Immigrant Visa
Instructions: Fax this document attachments, to (215) 516-2933 (215) 516-1322. Allow up to 3	1; (215) 516-1311; or
1. Name shown on tax form:	
2. Social Security Number:	
3. Name and Address to which the to (If it is acceptable to receive the to space	ranscript should be mailed: ranscript via the above fax, please check this
4. Request Form 1040 Transcript for (NOTE: The immigrant visa application tax years.)	r the following years: requires tax returns for the most recent <u>three</u>
	requested. I am aware that based upon this ation requested to any party shown on Line 3.
	n the taxpayer, whose name appears on Line 1, r other acceptable Power of Attorney) must be

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the recipient or the employee or agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone.