

Acct #:
AccuVerify Transcript Request Fax Cover Sheet

Fax To: 1-866-620-6870

(Optional) Requested by: _____

If a joint tax return provide only the first name on the 4506-T

Year(s) requested yyyy. If ending is not 12/31/yy please provide mm/dd/yy.
 2008, 2007 or 09/30/2008, 09/30/2007

Name	SSN/EIN	Year(s) requested yyyy. If ending is not 12/31/yy please provide mm/dd/yy. 2008, 2007 or 09/30/2008, 09/30/2007	Form#
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