

Mayor  
Ralph Ekstrand  
Deputy Mayor  
William A. Barrett  
Trustees  
Cheryl L. Parisi  
Walter Priestley  
Allison Ingram

*Village of Farmingdale*  
P.O. Box 220 • 361 Main Street • Farmingdale, New York 11735  
Tel: 516-249-0093 • Fax: 516-249-0355  
www.farmingdalevillage.com

Village Administrator—  
Village Clerk/Treasurer  
Brian Harty  
Deputy Clerk/Treasurer  
Daniel Ruckdeschel  
Village Attorney  
Claudio DeBellis  
Superintendent of Public Works  
Jeffrey Patanjo

August 1, 2026

Dear Village Resident:

Enclosed is the application for the Village's "Partial Tax Exemption for Real Property of Senior Persons".

**The application and all additional papers must be filed on or before December 31, 2026** at Village Hall, 361 Main Street, Farmingdale 11735.

Please call me if you need help. If you would like to **schedule an appointment** to review your application I would be happy to meet with you.

**NOTE:** If you do not file a Federal Tax return, we require a "Verification of Nonfiling" transcript for each person on the deed which can be obtained from the IRS (see enclosed Form 4506-T) in order to process your application. I have enclosed a blank form to assist you, or you can call me if you have any questions. The address it should be mailed to is circled on the back of the form. Please allow a minimum of 4 weeks for the IRS to process your request.

Also, if the property is owned by a family trust, a copy of the trust document showing the senior has a life estate in the property **MUST** be submitted only for the initial application in order to receive any exemption that is due.

Finally, if a senior exemption is sought for a person currently in a **nursing home or assisted living facility**, a letter from the facility indicating the senior's residence **MUST** be submitted as well as all other documentation.

It is **imperative** that you submit your application by **December 31, 2026**. If I do not receive your application with **all** required paperwork by such date, you will **NOT** receive an exemption and there will be **no exceptions**.

Sincerely,  
Lorraine O'Shea  
Account Clerk  
516-249-0093 ext. 205



***Inc. Village of Farmingdale***

361 Main Street  
Farmingdale, NY 11735  
516-249-0093

**SENIOR EXEMPTION APPLICATION**

***"Partial Tax Exemption for Real Property of Senior Persons"***  
***APPLICATION DEADLINE DECEMBER 31<sup>ST</sup> see box below for more information.***  
***For income below \$58,399***

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*Please return **COMPLETED** application prior to **November 30<sup>th</sup>** to enable us to review the paperwork and request additional information if needed. If filed on or near December 31<sup>st</sup>, missing information will render your application incomplete and ineligible for the exemption.*

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**INITIAL APPLICATION:**

- ☐ This form with boxes checked for items submitted
- ☐ Completed Statement of Income form
- ☐ Signed renewal application for partial tax exemption for real property of aged persons
- ☐ Social Security Yearly Benefit Statement – or SSA 1099
- ☐ Federal Income Tax Return or proof of non-filing (from the IRS) **see note below**
- ☐ Receipts from all other sources of income - including rental receipts, W2's and 1099's
- ☐ Proof of Age – candidate must be 65 years of age or older
- ☐ Copy of deed indicating ownership by candidate

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***NOTE - If you do not file a tax return, the only acceptable proof of non-filing is from the IRS – please follow the enclosed instructions for the 4506-T form and mail the form to the IRS prior to November 1<sup>st</sup> to ensure that deadlines are met.***

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Thank you for your cooperation. If you have any questions, please feel free to call me and schedule a time to come in and I will go over your application with you.

Lorraine O'Shea  
Account Clerk  
(516)249-0093 Ext. 205

***Inc. Village of Farmingdale***

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**STATEMENT OF INCOME**

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant **must** check all appropriate sources of income as listed below for the calendar year immediately preceding the date of application and input the amount from the sources.

***SOURCE OF INCOME***

***AMOUNT***

|                                                 |           |          |       |
|-------------------------------------------------|-----------|----------|-------|
| Social Security                                 | _____ YES | _____ NO | _____ |
| Salary or Wages, including part-time employment | _____ YES | _____ NO | _____ |
| Interest                                        | _____ YES | _____ NO | _____ |
| Non-Taxable interest on State and Local Bonds   | _____ YES | _____ NO | _____ |
| Dividends                                       | _____ YES | _____ NO | _____ |
| Net Rents                                       | _____ YES | _____ NO | _____ |
| Capital Gains                                   | _____ YES | _____ NO | _____ |
| Gains from Sales or Exchanges                   | _____ YES | _____ NO | _____ |
| Net Earnings from business or profession        | _____ YES | _____ NO | _____ |
| Net Income from Estates or Trusts               | _____ YES | _____ NO | _____ |
| Net Farm Income                                 | _____ YES | _____ NO | _____ |
| Monies received from governmental or private    | _____ YES | _____ NO | _____ |
| Retirement or Pension Plans                     | _____ YES | _____ NO | _____ |
| Alimony or support money                        | _____ YES | _____ NO | _____ |
| Disability payments                             | _____ YES | _____ NO | _____ |
| Workman's compensation, etc.                    | _____ YES | _____ NO | _____ |

Enter Total on page 2 of application, item #2

TOTAL: \_\_\_\_\_

**STATEMENT OF GIFTS OR INHERITANCE**

The monies listed below, if any, are not included as income, and therefore, would not exclude applicant from exemption, if otherwise qualified.

***AMOUNT RECEIVED FROM***

***AMOUNT***

|                                          |           |          |       |
|------------------------------------------|-----------|----------|-------|
| Gifts                                    | _____ YES | _____ NO | _____ |
| Inheritance                              | _____ YES | _____ NO | _____ |
| Financial Assistance (Excluding Welfare) | _____ YES | _____ NO | _____ |

TOTAL: \_\_\_\_\_

SIGNATURE(S) OF ALL OWNERS

X \_\_\_\_\_

\_\_\_\_\_ Date

X \_\_\_\_\_

\_\_\_\_\_ Date

## SENIOR EXEMPTION

| <u>Annual Income</u>                      | <u>Percentage of Assessed<br/>Valuation Exempt From Taxation</u> |
|-------------------------------------------|------------------------------------------------------------------|
| Less than \$50,000                        | 50%                                                              |
| At least \$50,001, but less than \$50,999 | 45%                                                              |
| At least \$51,000, but less than \$51,999 | 40%                                                              |
| At least \$52,000, but less than \$52,999 | 35%                                                              |
| At least \$53,000, but less than \$53,899 | 30%                                                              |
| At least \$53,900 but less than \$54,799  | 25%                                                              |
| At least \$54,800, but less than \$55,699 | 20%                                                              |
| At least \$55,700, but less than \$56,599 | 15%                                                              |
| At least \$56,600, but less than \$57,499 | 10%                                                              |
| At least \$57,500, but less than \$58,399 | 5%                                                               |

***Inc. Village of Farmingdale***

*361 Main Street  
Farmingdale, NY 11735  
516-249-0093*

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED PERSONS**

*APPLICATION MUST BE FILED EACH YEAR*

**NOTICE**

Under Section 467 of the Real Property Tax Law the real property described on the reverse side of this form is looking to be granted a partial exemption from taxation on the next completed assessment roll. An annual renewal application must be filed in the Village of Farmingdale on or before December 31<sup>st</sup>, if you wish this exemption. After you have completed and filed this application (items 1, 2 and 3), and the Board of Assessors determines that you qualify, an exemption will be allowed on the next assessment roll (to be prepared following the taxable status date of January 1<sup>st</sup>).

1. Ownership of property fully describe below the following:

- a. Title to the property (i.e., owner has title, Trust has title or change in ownership due to death, addition or elimination of owner, transfer to trust). PLEASE PROVIDE COPIES OF DOCUMENTATION. \_\_\_\_\_
- b. Legal residence or occupancy of the property (i.e., owner occupied, confinement of owner in hospital or nursing home). \_\_\_\_\_
- c. Use of property for other than residential purposes (i.e., store, office, farm). \_\_\_\_\_
- d. Also state whether any children residing on premises attend public school grades one through twelve. \_\_\_\_\_

☐ Check here if there has been no change in items 1 a, b, c and d described above.

2. Income of each owner and spouse for the calendar year immediately preceding the date of application MUST be set forth below (attach a copy of the Federal or New York State income tax return for the preceding year).

| <b><i>Names of owner(s)<br/>(and) spouse if not<br/>owner of property</i></b> | <b>Phone #</b> | <b>Marital<br/>Status</b> | <b>Social Security #</b> | <b>Total Income</b> |
|-------------------------------------------------------------------------------|----------------|---------------------------|--------------------------|---------------------|
|                                                                               |                |                           |                          |                     |
|                                                                               |                |                           |                          |                     |
|                                                                               |                |                           |                          |                     |
|                                                                               |                |                           |                          |                     |
|                                                                               |                |                           |                          |                     |
| <b>TOTAL</b>                                                                  |                |                           |                          |                     |

Income from all sources (except gifts and inheritances) must be reported. Income includes all social security payments, salary and wages (including bonuses), interest (including nontaxable interest on state or local bonds), total dividends, net earnings from farming, rentals, business or profession (including amounts claimed as depreciation for income tax purposes), income from estates or trusts, gains from sales and exchanges, the total amount received from governmental or private retirement or pension plans, annuity payments (excluding amounts representing a return of capital), alimony or support money, unemployment insurance payments, disability payments, worker's compensation, etc.

**3. CERTIFICATION – BEFORE YOU CERTIFY PLEASE BE SURE TO READ ALL PARTS OF QUESTIONS 1 AND 2.**

I certify that all statements made on this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100.00

SIGNATURE(S) (ALL OWNERS MUST SIGN)

DATE

X \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

**Request for Transcript 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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

|                                                                                                                           |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.                                        | <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return.                                                     | <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return                                              |
| <b>3</b> Current name, address (including apt., room, suite, or inmate no.), city, state, and ZIP code (see instructions) |                                                                                                                                                       |
| <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)                      |                                                                                                                                                       |
| <b>5</b> Customer file number (if applicable) (see instructions)                                                          |                                                                                                                                                       |

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**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. 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Tax return transcripts for individuals are available for the Form 1040 series. A list of the tax return transcripts that are available for a business can be found at [www.irs.gov/businesses/get-a-business-tax-transcript](http://www.irs.gov/businesses/get-a-business-tax-transcript). Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☒

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

|    |   |    |   |      |   |   |   |   |   |
|----|---|----|---|------|---|---|---|---|---|
| 12 | / | 31 | / | 2025 | / | / | / | / | / |
|----|---|----|---|------|---|---|---|---|---|

**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 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. 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-T 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

Phone number of taxpayer on line 1a or 2a

|                                                                          |      |
|--------------------------------------------------------------------------|------|
| <b>Sign Here</b><br>Signature (see instructions)                         | Date |
| Title (if line 1a above is a corporation, partnership, estate, or trust) |      |
| Spouse's signature                                                       | Date |

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this line 3. If you are currently incarcerated, include your inmate identification number, name and address on this line 3.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

| If you filed an individual return and lived in:                                                                                                                                                                                                                                                            | Mail or fax to:                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Alabama, Arizona, Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service<br>RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>855-587-9604                 |
| Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin                                                          | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |
| Alaska, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wyoming                                                                                                                                              | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>855-298-1145 |

## Chart for all other transcripts

| If you lived in or your business was in:                                                                                                                                                                                                                                                                                                                                                                                      | Mail or fax to:                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>855-298-1145 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin                                                                                                                                    | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |