

**MASSACHUSETTS
SUPPLEMENTAL FORM**



Applicant: _____

**MASSACHUSETTS SUPPLEMENTAL FORM FOR KEY GAMING EMPLOYEE EXECUTIVE
AND CASINO QUALIFIER APPLICANTS**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME AND ADDRESS

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)			FIRST	MIDDLE
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE
PRESENT BUSINESS ADDRESS: NUMBER AND STREET		CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

DESCRIPTIVE INFORMATION

DATE OF BIRTH: _____ HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS SOCIAL SECURITY NUMBER: _____
(MM/DD/YYYY)

HAIR COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY <input type="checkbox"/> WHITE <input type="checkbox"/> BALD	EYE COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> HAZEL <input type="checkbox"/> BLUE <input type="checkbox"/> GRAY <input type="checkbox"/> GREEN	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN / PACIFIC ISLANDER <input type="checkbox"/> OTHER _____
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HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY

DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME) _____

PLACE OF BIRTH: _____
CITY/TOWN STATE/PROVINCE COUNTRY

**MANUALLY AFFIX A COLOR
2" X 2" WITH
A FULL-FACE, FRONT VIEW
PHOTOGRAPH
TAKEN WITHIN THE PAST
6 MONTHS.**

Initials/Date: _____

IMPORTANT
FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION OR A NEGATIVE SUITABILITY DETERMINATION

1. Provide the following information about the gaming license applicant or licensee with which you are, or are seeking to be, associated:

NAME OF ENTITY _____

ADDRESS OF ENTITY: NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

NATURE OF APPLICANT'S POSITION WITH OR INTEREST IN SUCH ENTITY _____

2. Check the appropriate box, either A or B below, indicating the reason for submitting this application.

A. I am an applicant for a Key Gaming Employee:

Executive

OR

B. I am a Casino Qualifier because I am a(n):

Owner Principal Employee Investor Stockholder

Officer Partner Director Other

C. If applicable, list the name of the holding company(ies) of the gaming license applicant or licensee with which the applicant is associated and the nature of the position with, or interest in, such entity.

3. Do you have any ownership interest, financial interest or financial investment in any business which is applying to, or presently licensed by, the Massachusetts Gaming Commission?

Yes No

If you checked yes, complete the following chart:

NAME OF BUSINESS	NATURE AND AMOUNT OF YOUR INTEREST / INVESTMENT	% OF OWNERSHIP IN THE BUSINESS

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3.**

4. Are you a citizen of the United States?

Yes No

5. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as **attachment to question 5.**

Yes No

If you answered "YES" to Question 5 and if applicable provided the certificate of naturalization, please continue to Question 8.

6. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

Initials/Date: _____

B. Your place of birth: _____
CITY STATE COUNTRY

C. Your port of entry to the United States: _____

D. Name and address of your sponsor upon arrival:

7. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment label as **attachment to question 7**.

USCIS "A" number: _____

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any business that:

A. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?
Yes No

B. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business?
Yes No

C. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business?
Yes No

D. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign?
Yes No

E. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party either domestic or foreign?
Yes No

F. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions?
Yes No

9. State when you filed your last Federal Income Tax Return 1040, to what IRS Center was it sent, and the tax period it covered.

Date Filed: _____ Period Covered: _____

IRS Location: _____

Attach to the back of this form and label as **attachment to question 9**, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

10. Has your Federal Income Tax Return ever been audited or adjusted? Yes No

If you checked yes, for what tax year(s)? _____

11. Have you ever failed to file required Federal or State Income Tax Returns? Yes No

If you checked yes, for what year(s)? _____

Initials/Date: _____

12. Have you or your spouse filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?

Yes No

If you checked yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

13. As part of the application process, you are required to submit a **Certificate of Good Standing/Tax Compliance Request Status** from the **Massachusetts Department of Revenue**. Even if you have not resided in the Commonwealth of Massachusetts, you still must apply for this certificate and submit it with your application and label it **attachment to question 13.**

To obtain this certificate go to **Mass Tax Connect** at: <http://mtc.dor.state.ma.us/mtc/>

14. (A) Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)

Yes No

(B) Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)

Yes No

If you checked yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 14-A or B.**

15. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**?

Yes No

If you checked yes, attach to this application, labeled as **attachment to question 15**, a copy of the bankruptcy petition and discharge (if available).

16. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**?

Yes No

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF THE COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 16.**

Initials/Date: _____

SETTLEMENTS, ALLEGATIONS, AND ADDITIONAL DISCLOSURES

18. Have you ever reached a settlement or had a settlement reached by another person or entity, on your behalf, prior to or in the absence of litigation or criminal charges being filed?

Yes No

If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 18.**

19. Have you ever reached a settlement or had a settlement reached by another person or entity, on behalf of a company with which you were/are affiliated, prior to or in the absence of litigation or criminal charges being filed?

Yes No

If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 19.**

20. Have you participated in any type of sexual harassment, sexual misconduct, or unlawful discrimination?

Yes No

If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 20.**

Initials/Date: _____

21. Have any allegations of sexual harassment, sexual misconduct, or unlawful discrimination been made concerning your behavior (including by employees and/or subordinates)?

Yes No

If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 21.**

22. In the interest of full disclosure and your obligation to be forthcoming in your application, is there any other information which might reflect adversely in an evaluation of your honesty, integrity, or good character, or otherwise impact a determination on your suitability for gaming licensure/qualification?

Yes No

If you checked "Yes", provide a detailed explanation below:

NOTE: Should you require additional space, attach a separate sheet of paper and label it **attachment to question 22.**

Initials/Date: _____

23. Provide the information requested below for three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person who is a member of your family can be used as a reference. (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone number _____ Occupation _____
How long have you known this reference?
Email address _____

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone number _____ Occupation _____
How long have you known this reference?
Email address _____

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone number _____ Occupation _____
How long have you known this reference?
Email Address _____

Initials/Date: _____

WAIVER OF LIABILITY AND CONSENT AND STATEMENT OF TRUTH

Waiver of Liability

I, _____, hereby waive liability as to the Commonwealth of Massachusetts and
Print Name
its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing, registration or permitting process or during any inquiries, investigations or hearings related thereto.

Consent

I, _____, hereby consent to fingerprinting, photographing and the supplying of
Print Name
handwriting exemplars as authorized by 205 CMR 134.07.

Statement of Truth

I, _____, hereby state under the pains and penalties of perjury:
Print Name

1. The information contained herein and accompanying this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false, this application may be denied.

I understand if I have questions regarding this form, I should ask an employee of the Licensing Division.

Signature

Print Name

Date

RELEASE AUTHORIZATION

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the “issuing entity”).

I, _____ authorize the
(Print Name)
Massachusetts Gaming Commission and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

This release shall be valid from the date of signature and, once issued, for the term duration of the license (3 years).

A photocopy of this authorization will be considered as effective and valid as the original.

(Signature of Applicant)

(Type, Stamp or Print Name)

(Date)

On this ____ day of _____ 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(Signature of Notary)

(Notary Stamp)



**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL TAXES
(KEY GAMING EMPLOYEE and INDIVIDUAL QUALIFIER OF A PRIMARY GAMING
VENDOR and INDEPENDENT, SELF-EMPLOYED JUNKET REPRESENTATIVE)**

The Massachusetts Gaming Commission requires the submission of this Certification in accordance with M.G.L. c. 23K, §§ 12, 30 and 205 CMR 112, 134.10.

I do hereby certify that (Check all boxes that apply):

1. I have filed all U.S. Federal tax returns required during the 5 years preceding my application;
2. I have not been notified of any unpaid U.S. Federal tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service, and I am not in default;
3. I have not had any U.S. Federal tax returns that were examined, audited, or adjusted by the Internal Revenue Service in the past 5 years;
4. On _____, I have requested from the IRS my tax **Account Transcripts** for each of the past four (**4**) years through <https://www.irs.gov/individuals/get-transcript> (*Get Transcript by Mail*).

_____ **OR** _____

5. I did not file U.S. Federal tax returns; however, I have filed all tax returns required by the applicable (foreign) taxing authority. Please list below the non-U.S. jurisdiction where tax returns were filed.

6. I have not had any tax returns that were examined, audited, or adjusted by the applicable (foreign) taxing authority in the past 5 years.

Printed Name of Applicant

Date

Authorization to Obtain Tax Information from the Department of Revenue

To Whom it May Concern: *I hereby authorize any investigator of the Massachusetts State Police or the Massachusetts Gaming Commission or their designee(s) to receive information from the Massachusetts Department of Revenue regarding any non-compliance with the tax laws for the years 2015-2019; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.*

Have you filed a Massachusetts income tax return for the following tax years? **Answer Yes or No for each year:**

2015 _____; 2016 _____; 2017 _____; 2018 _____; 2019 _____

Important: If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

- A. I was a legal resident of Massachusetts, but my Massachusetts gross income was less than \$8,000.00 for the tax year(s): _____
- B. I was a nonresident of Massachusetts and I did not receive sufficient Massachusetts-source income to require filing a Massachusetts income tax return for the above tax year(s). List other states and years of filing: _____
- C. Other Reason: _____

Have you filed a joint tax return in any of the years 2015-2019?

Yes No

If Yes, please list your spouse's name, Social Security number, and years filed jointly:

I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the Massachusetts Department of Revenue to release the information listed above to the persons listed above.

Signature: _____ Date: ____ / ____ / ____

Social Security Number: _____

Current Address:

Spouse's Signature (if applicable): _____ Date: ____ / ____ / ____

IRS ACCOUNT CREATION & OBTAINING YOUR ACCOUNT TRANSCRIPTS

Step 1: Go to the below website.

<https://www.irs.gov/payments/view-your-tax-account>

Step 2: Click on “Create or view your account” button as shown below.

[Home](#) > [File](#) > [Individuals](#) > [Your Information](#) > [View Your Tax Account](#)

View Your Account Information

English | [Español](#) |

Individuals

How to File

When to File

Where to File

Your Information

Tax Record (Transcript)

Third Party Authorization

Students

Employees

Parents

Military

Seniors & Retirees

International Taxpayers

Businesses and Self-Employed

Government Entities

If you're an individual taxpayer, you can use this tool to view:

- Your payoff amount, updated for the current calendar day
- The balance for each tax year for which you owe
- Up to 24 months of your payment history
- Key information from your current tax year return as originally filed.

Once you have viewed your information, you can:

- Select an electronic payment option
- Go directly to Get Transcript without having to log in again

Please note:

- **Your balance will update no more than once every 24 hours, usually overnight.**
- Allow 1 to 3 weeks for payments to appear in the payment history.

Create or view your account

This tool is available during the following hours:

- Monday 6:00 a.m. to Saturday 9:00 p.m. ET
- Sunday: 10:00 a.m. to midnight ET (Occasionally down additional hours for maintenance)

Accessibility

iOS 11 VoiceOver users may experience difficulties when accessing this application. If this impacts you, please refer to the “Other ways to find out how much you owe” section.

Other ways to find out how much you owe

- If you're a business, or an individual who filed a form other than 1040, you can obtain a transcript by submitting [Form 4506-T, Request for Transcript of Tax Return](#).
- Individual taxpayers who filed a Form 1040, 1040A or 1040EZ can request an [Account Transcript](#). Please note that each Account Transcript only covers a single tax year, and may not show the most recent penalties, interest, changes or pending actions.
- [Find more assistance](#).

Step 3: Click on “Create Account”



Sign Up

Don't have an account? Create one now.

CREATE ACCOUNT



Step 4: Click on “Continue”



You will need to register in order to use this service

Registration is

Fast: Signing up only takes about 15 minutes

Secure: Only you will have access to your tax information

Convenient: you will only need to verify your identity once

Free: There is no charge to sign up *(Message and data rates may apply to send a security code to your mobile phone)*

Before we get started, we're going to ask you some simple questions to make sure you have everything you need.

CONTINUE



Step 5: Click on “Yes” after you have gathered the requested information.



You will need some information about yourself to register

Please have the following information and materials to complete registration:

- Full Name
- Email
- Birthdate
- Social Security Number (SSN) or Individual Tax Identification Number (ITIN)
- Tax filing status
- Current address

Do you have this information available?

NO

YES >

Step 6: Click on “Yes” after you have gathered the requested information.



You need a financial account to register

To verify your identity, we will need a number from ONE of your financial accounts. We can use any of the following:

- Credit Card OR
- Student Loan OR
- Mortgage or Home Equity Loan OR
- Home Equity Line of Credit OR
- Auto Loan

You will only need to provide the loan account number or a few digits from a credit card number. We only use this information to verify your identity. **You will not be charged any money and are not sharing any account balances or other financial information with us.**

A soft inquiry will show up on your credit report to let you know that the IRS accessed your credit report information. This will not increase or decrease your credit score and lenders will not be able to see this.

Do you have this financial information available? (If you don't have the account information on hand, you should answer 'No'.)

NO

YES >

Step 7: Click on “continue” after you have retrieved your mobile phone device. (A text message with a code will be sent to you. Input this code into window prompt on your computer screen. *This will be for Step 12.*)



You need a mobile device

We'll need one more way to verify your identity. The easiest way is with a mobile phone.

Your phone must be

- A U.S.-based mobile phone number registered in your name
- Able to receive text messages

It may **NOT** be a landline, Skype, Google Voice, or a virtual number.

If you don't have a mobile phone meeting those criteria, you can complete identity verification by receiving a letter in the mail. To complete registration, you will still need a U.S.-based mobile phone capable of receiving text messages, or an iPhone, iPad, or Android device.

CONTINUE >

Step 8: Populate the requested information below and click on “Send Code.”



Let's Get Started!

It sounds like you have all the necessary information available and can begin.

First Name (as it appears on your most recent tax return)

Last Name (as it appears on your most recent tax return)

Email Address

Confirm Email Address

A confirmation code will be sent to your email address. You will need to get the code and enter it on the next screen.

CANCEL

SEND CODE >

Step 9: Input the verification code in the prompt box (as shown below) sent to the e-mail address you entered on the previous screen. *(Note: This is a time-sensitive code being sent, be sure to check your email for it before the code expires.)*



Check Your Email

IMPORTANT: Keep this window open to avoid having to start over.

Enter the one-time code we emailed you:

Didn't receive the confirmation code? [Resend the email.](#)

CANCEL

CONTINUE



Step 10: Populate the requested information below and click on “Continue.”

Help us verify your identity with some basic information

If we are not able to match the information you enter with our records, you will not be able to use this online service but [other options are available to you](#).

Personal Information

All information should match your latest tax return.

First Name

Last Name

Date of Birth

Social Security Number (SSN) or [Individual Tax ID Number \(ITIN\)](#)

 - -

Filing Status

I have filed a tax return in the past seven years

Select filing status from your most recently filed tax return ▼

I have not filed a tax return in the past seven years

Address Information

Your address must match your most recently filed tax return. [Address Help](#)

Address Line 1

Address Line 2 (Optional)

City

State / Territory

Zip Code

Country

CANCEL

CONTINUE



Step 11: Populate the requested information below and click on “Continue.”



Verify your financial account number

To prevent identity theft and protect the security of your tax information, you will need to verify your identity.

Provide one of the following active account numbers:

- Last 8 digits of credit card

(We are unable to verify debit cards, corporate cards, or American Express cards)
- Student loan account number
- Auto loan account number
- Mortgage or home equity loan account number
- Home equity line of credit account number
- I don't have a current credit card, student loan, auto loan, home equity loan, or mortgage

By providing financial account information, I authorize the IRS to access my credit report for the purpose of verifying my identity.

CONTINUE >

Financial account information

We will only use this information to verify your identity. You will not be charged any money and are not sharing any account balances with us.

A soft inquiry will show up on your credit report to let you know that the IRS accessed your credit report information. This will not increase or decrease your credit score and lenders will not be able to see this.

If you have a credit freeze, you authorize us to bypass that freeze to verify your identity.

If you do not wish to or cannot provide the information, you will not be able to register but other [options are available to you](#).

Step 12: Complete the requested phone verification (as shown below) and click on “Continue.”



Verify your phone number

We need to verify that your personal information matches the subscriber information for your US-based mobile phone account. By continuing, you authorize your wireless carrier to disclose information to the IRS and its third-party service providers about your account, such as subscriber status, device details and plan type, if available, to support identity verification and fraud prevention. See our [Privacy Policy](#) for how we treat your data.

We may not be able to verify all mobile phone numbers. We can't verify landlines, some prepaid phones, or virtual phone numbers like Google Voice.

Enter your mobile phone number:

CANCEL

SEND MESSAGE >

By continuing, you opt-in to receive a one-time code via text message or phone call each time you log in. Message and data rates may apply. We won't use your phone number for any other communication.

Don't have a mobile phone or can't verify your phone number? Try these alternative options.

[Receive an activation code by postal mail \(~10 business days\).](#) Selecting this option will allow you to create your username and password, but you won't be able to access the online service today. You'll need to come back to activate your account after you receive the activation code in the mail.

[Review alternatives to using this online service.](#) These options will not allow you to complete registration for this online service.



We sent an activation code text message to your phone

The message contains a 6-digit activation code. Please enter the code below.

6-digit activation code

[Try again](#)

CANCEL

CONTINUE >

Step 13: Populate the requested information below and click on “Continue.” (Remember to keep user profile information set up in this step for future access into your IRS account.)



Create Your User Profile

We've been able to confirm your identity. Now you will create a user profile. This is the last step in the process.

Create a Username and Password

Username

Password

Re-enter Password

Enter a username of your choice. The username should be 8-64 characters and cannot be an email address, SSN, or contain a space, or a special character (!@#\$%^&*).

Password Rules:

- Between 8 and 32 characters long.
- Must contain at least one numeric and one special character (!@#\$%^&*).
- At least one uppercase and at least one lowercase letter.
- Matching password must be re-entered.

Email

Choose a Site Phrase

Create a phrase that you will recognize when you login

Choose a Site Image

Select an image that you will recognize when you login



[Choose Your Site Image](#)

CANCEL

CONTINUE



Step 14: Your account should now be created and active. Click on “Continue” to go to your account page with the IRS.



Success!

You've successfully verified your identity and created a secure user profile.

CONTINUE >

Step 15: The page would show the current status of your account with the IRS, displaying your full name in the top right hand corner.

Welcome, MONICA CHANG | [Profile](#) | [Logout](#)

Important Message from the IRS
If you've been affected by a recent disaster, learn about the most recent [tax relief provisions](#) to know your options.

Total amount owed as of February 28, 2019:
\$0.00

The information provided is based on our current data.

- Recently filed or processing returns
- Pending payments or adjustments
- Information on your business account
- Installment agreement fees

[Frequently asked questions about balances](#)

Payment Options

[PAY BY BANK ACCOUNT](#)

[PAY BY CARD](#)

Fees apply when paying by card.

[GO TO PAYMENT PLANS](#)

Amount Owed by Year	
Tax Year	You Owe
2018	\$0.00
2017	\$0.00
2016	\$0.00

Recent Payments (within 24 months)
Payments may take 1 to 3 weeks to be listed.

No payments received.

Tax Records
Key information from your current tax return as originally filed.

2018	
Form Filed:	1040
Filing Status:	Single

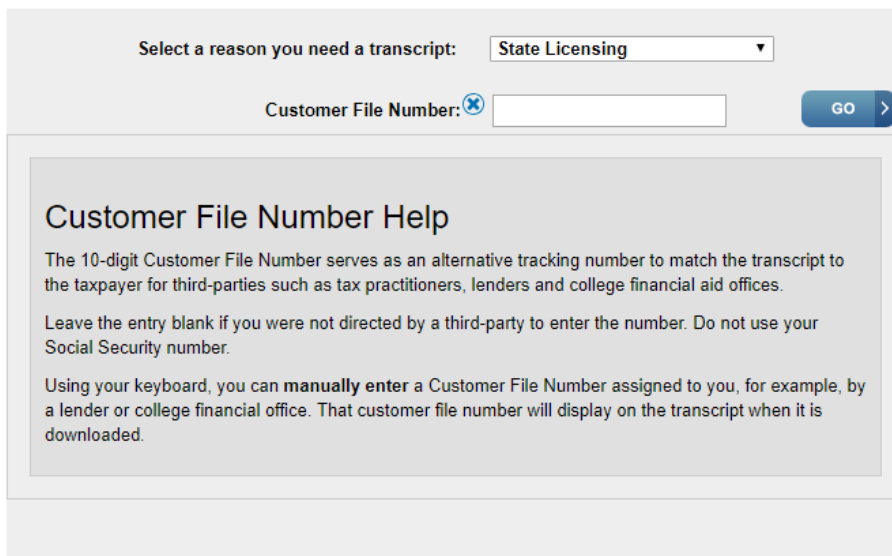
Step 16: To retrieve Tax Records and other Financial Account Information, click on the following button which should be located in the lower right corner of your IRS Account Home page.

View, print or download your tax records using the button below.



Step 17: To retrieve your Account Transcripts, select the following as shown below (“State Licensing”) and click “Go”. The Customer File Number is left blank.

Get Transcript



Select a reason you need a transcript:

Customer File Number:

Customer File Number Help

The 10-digit Customer File Number serves as an alternative tracking number to match the transcript to the taxpayer for third-parties such as tax practitioners, lenders and college financial aid offices.

Leave the entry blank if you were not directed by a third-party to enter the number. Do not use your Social Security number.

Using your keyboard, you can **manually enter** a Customer File Number assigned to you, for example, by a lender or college financial office. That customer file number will display on the transcript when it is downloaded.

Step 18: To retrieve your Account Transcripts, click on any of the years listed under “**Account Transcript**” and the transcript will generate in a new window. If need to, click on “Show All” to expand the screen for more transcripts. Print the most recent four years of transcripts as PDFs. These four transcripts will be submitted as part of your license application.

Get Transcript

Select a reason you need a transcript:

Customer File Number:

You selected: **State Licensing**
We suggest you download: **Return Transcript**

Below are the transcripts and years available.

Return Transcript N/A 2017 2016 2015	Record of Account Transcript N/A 2017 2016 2015
Account Transcript N/A 2017 2016 2015 Show All	Wage & Income Transcript 2018 2017 2016 2015 Show All

Glossary

Return Transcript

Tax Return Transcripts show most line items from your tax return (Form 1040, 1040A or 1040EZ) as it was originally filed, including any accompanying forms and schedules. This transcript does not reflect any changes you, your representative or the IRS made after you filed your return. In many cases, a Return Transcript will meet the requirements of lending institutions offering mortgages and student loans.

Record of Account Transcript

Record of Account Transcripts combine the information from tax account and tax return transcripts.

Account Transcript

Tax Account Transcripts provide any adjustments either you or we made after you filed your return. This transcript shows basic data, including marital status, type of return filed, adjusted gross income and taxable income.

Wage & Income Transcript

Wage and Income Transcripts show data from information returns, such as W-2s, 1099s and 1098s, reported to the IRS. Most recent year information may not be complete until July.

(FOR CASINO GAMING EMPLOYEES ONLY) Step 19: A total of four documents should be printed (four years of account transcripts). The physical documents should be scanned and saved as one PDF file and uploaded to your LMS application account under “IRS 4506-T” document type.