

**Attachment 2 – IRS Form 4506 completed along with US Postal Service
Certified Mail Receipt Confidential Information**

Request for Copy of Tax Return

(September 2024)

Department of the Treasury
Internal Revenue Service

- ▶ 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: Get faster service: Online at 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)

1a Name shown on tax return. If a joint return, enter the name shown first

SCOTT REED
STACY REED

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

STACY REED

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

SCOTT REED, 13305 NW CORNELL ROAD, STE C, PORTLAND, OR 97224
12521 NW SPRINGVILLE ROAD, PORTLAND, OR 97224

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number
N/A

Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing (see instructions).

6 Tax return requested. Form 1040, 1120, 941, etc and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ 1040

Note: If the copies must be certified for court or administrative proceedings, check here

7 Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).

12 / 31 / 2020

8 Fee. There is a \$30 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order

a Cost for each return

\$ 30.00

b Number of returns requested on line 7

1

c Total cost. Multiply line 8a by line 8b

\$ 30.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Caution: Do not sign this form unless all applicable lines have been complete

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 return 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 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. See instructions

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)

Date

SCOTT REED

04/02/25

Print/Type name

Title (if line 1a above is a corporation, partnership, estate, or trust)

Stacy Reed

Spouse's signature

Date

STACY REED

04/02/25

Print/Type name

The UPS Store 83506
 4001 NW BETHANY BLVD STE 1-2
 PORTLAND, OR 97229-9195
 503-533-5522

Terminal.....: PUS3506B Date.: 4/2/2025
 Employee.....: 305340 Time.: 12:48 PM

ITEM NAME	QTY	PRICE	TOTAL
Registered Mail Ground Advantage			\$16.07
Tax	1 0	\$16.07	
MYRITCBS83150 Tracking Number			\$0.00
Subtotal			\$16.07
Shipping/Other Charges			\$0.00
Total tax			\$0.00
Total			\$16.07
Cards			\$16.07

Items Designated HR are NOT eligible for Returns, Refunds or Exchanges.

US Postal Rates Are Subject to Surcharges.



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<https://www.theupsstore.com/privacy-policy>

Win a \$250 gift card

Tell us how we're doing for your chance to win a \$250 Amazon.com Gift Card, a \$100 Amazon.com Gift Card, or a \$50 Amazon.com Gift Card (per receipt). Scan the QR code or go to the



<https://www.theupsstore.com/pr>

NO PURCHASE NECESSARY. Void where prohibited. Ends 1/31/26. Must be US resident 18 years or older to enter. Limit (1) entry per person per month. For Official Rules visit <https://www.TheUPSStore.com/surveyrules2025>

Need Package Help?

(lost/damaged)

Provide details so we can help.

<https://online.upsclaim.com/tccp>

VISA *****7313 080540 12:48 PM
 04/02/2025 771681630002
 TID

Purchase

VISA CREDIT XXXXXXXXXXX7313
 ENTRY METHOD CHIP
 CVM SIGN
 Invoice 0020061998
 Clerk 30534
 Response APPROVED
 Auth Code 080540

ENVU DETAILS

MODE CHIP
 AID A0000000031010
 TVR 8080G06000
 IAD 06011203802000
 TSI 6800
 ARC 23
 Amount USD 16.07
 REED/SCOTT

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 Domestic Mail Only

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 US POSTAGE
 4/2/2025 1248
 883802637548
 97229
 080806781

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ _____
 Total Postage and Fees \$ _____

Sent To 125 RALUS TEAM
 Street and Apt. No. or PO Box No. P.O. Box 9491, MS 673U
 City, State, ZIP+4® 06801 UT 84409

PS Form 3800, January 2023 PSN 7530-02-600-9001 See Reverse for Instructions