

Acct #:

# Transcript Request Fax Cover Sheet

Fax To:

From:

**AccuVerify**  
**Fax 866.620.6870**  
**Fax 978.703.1108**  
**Tel 978.223.2245**

Tel:

Attn:

Fax:

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

Taxpayer Name (1a on 4506-T)	Taxpayer ID SSN or EIN	Year(s) Requested mm/dd/yyyy			

Message

**FAX #'s 866.620.6870 or 978.703.1108**

AccuVerify 437 E Merrimack St 8 Lowell, MA 01852 TEL 978.223.2245