

## FINANCIAL ASSISTANCE APPLICATION 2022

Carteret Health Care extends this application to you for our Financial Assistance Program. This program is offered to all patients with or without health insurance who have outstanding balances at Carteret Health Care. Please complete the application and return with all the supporting documentation outlined below. Your request will be processed for qualification of an adjustment. The adjustment percentage is based on the information you provide in combination with the Federal Income Guidelines. You will be notified by mail of the final determination.

**\*THIS PROGRAM ONLY COVERS CARTERET HEALTH CARE BILLS\*APPLICANTS WILL NEED TO CONTACT THIRD PARTY BILLERS DIRECTLY\***

Please locate the number that best describes your means of income and provide all required documents listed. Please do not send originals of requested tax and financial information. Incomplete applications will not be accepted and will be returned. **The only three forms of proof of income accepted are: 2021 1040 Federal Tax Return, Social Security Award Letter or Disability Award Letter.**

### 1. Patient that filed taxes

- 2022 Applicant Information Form *\*Please include current mailing address, sign and date.*
- Complete 2021 Federal Income Tax Return and all supporting schedules listed on Schedule 1 ,if applicable.
- Medicaid Screening /Letter of denial of Medicaid,or a copy of valid Medicaid card

### 2. Patient that did not file taxes

- 2022 Applicant Information Form *\*Please include current mailing address, sign and date.*
- Signed/Notarized Statement of Non-Filing of 2021 Taxes **must be signed in front of a notary.**
- Verification of Non-Filing of Taxes Letter from IRS - Applicant must fill out 4506-T Form, check box for #7 and mail the completed form to the address listed on the back of the form. The IRS will then process your request and mail the Verification of Non-Filing Letter directly to you.
- Proof of Income of Supporting Party. The only forms of income accepted are: 2021 1040 Federal Tax Return or Social Security/Disability Award Letter.
- Medicaid Screening/Letter of denial of Medicaid or copy of valid Medicaid card

### 3. Patient that did not file taxes and collects Social Security

- 2022 Applicant Information Form *\*Please include current mailing address, sign and date.*
- Signed/Notarized Statement of Non-Filing of Taxes **must be signed in front of a notary.**
- Social Security Award Letter. SSA 1099 not accepted.
- Medicaid Screening/Letter of denial of Medicaid or copy of valid Medicaid card

### 4. Patient that did not file taxes and collects Social Security Disability

- 2022 Applicant Information Form *\*Please include current mailing address, sign and date.*
- Signed/Notarized Statement of Non-Filing of Taxes **must be signed in front of a notary.**
- Disability Award Letter. Disability 1099 not accepted.

For any questions regarding the Financial Assistance Application, please feel free to contact:

Whitney Chigas Financial Assistance Program Coordinator Email: [wbchigas@carterethealth.org](mailto:wbchigas@carterethealth.org) Phone: (252) 499-6517

Once completed, please return the application with supporting documents by email to: [wbchigas@carterethealth.org](mailto:wbchigas@carterethealth.org)

or by mail to: Attn: Financial Assistance Program Coordinator 3500 Arendell St. Morehead City, NC 28557



3500 ARENDELL ST. | MOREHEAD CITY, NC 28557  
P | 252.499.6000

CARTERETHEALTH.ORG

**Applicant Information Form 2022**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Medical Record# \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Medical Record# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

List dependent names:

\_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Do you collect Disability? \_\_\_\_\_ Do you collect Social Security? \_\_\_\_\_ Are you covered by Medicaid\*? \_\_\_\_\_  
Are you financially supported by another party? \_\_\_\_\_ List name and relation: \_\_\_\_\_

**\*As part of the Financial Assistance Application process, every applicant must apply for Medicaid. Medicaid screenings may be completed by appointment by contacting your local Department of Social Services, or by contacting the Carteret Health Care Advocata Field Representative at (252) 499- 6570, for an over the phone screening. Screenings and letters must be dated within the last 90 days. If you currently have Medicaid, please submit a copy of your valid Medicaid card.\***

**If you do not file taxes, please complete the following :**

**Current Monthly Income:** Current employment monthly income \$ \_\_\_\_\_

Disability (☐ yes ☐ no) \$ \_\_\_\_\_ Unemployment (☐ yes ☐ no) \$ \_\_\_\_\_

Social Security (☐ yes ☐ no) \$ \_\_\_\_\_ Child support (☐ yes ☐ no) \$ \_\_\_\_\_

VA income (☐ yes ☐ no) \$ \_\_\_\_\_ Retirement/Pension (☐ yes ☐ no) \$ \_\_\_\_\_

Rental income (☐ yes ☐ no) \$ \_\_\_\_\_ Stocks/ bonds (☐ yes ☐ no) \$ \_\_\_\_\_

**GROSS MONTHLY INCOME (INCLUDE ALL AMOUNTS FROM ABOVE)**

**This includes yourself and spouse \$ \_\_\_\_\_ (Total Household Income)**

Checking/Savings \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Bank \_\_\_\_\_

**I certify that the above financial information is true and correct to the best of my knowledge.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2022

Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2022



## Statement of Non-Filing of 2021 Taxes

If you **did not** and **do not plan** to file Federal Income Taxes for **2021** due to limited or no income, you must **sign and** have the statement below **notarized**.

If you **do not have any income** to report or are being financially supported by another person, you must **sign, along with your supporting party, in front of a notary**. Financial support includes shelter, food, living expenses, etc. You will need to provide proof of income of the supporting party with your application. The 2021 1040 Federal Tax Return or Social Security/ Disability Award Letters are the only forms of income accepted.

I, \_\_\_\_\_ do hereby swear that on this \_\_\_\_ day of \_\_\_\_\_, 2022.

I **Did Not** and **Do Not Plan** to file Federal Income Taxes for the year **2021** due to limited or no income. I

am being financially supported by: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Other (please specify) \_\_\_\_\_

This is for the purpose of receiving financial assistance at Carteret Health Care.

\_\_\_\_\_/\_\_\_\_\_/2022

Applicant Signature

Date

\_\_\_\_\_/\_\_\_\_\_/2022

Person Financially Supporting Applicant

Relationship to Applicant

Date

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County, North Carolina, do hereby certify that \_\_\_\_\_ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_/\_\_\_\_\_/2022

Notary

Date

My Commission Expires: \_\_\_\_\_



## Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ 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).

**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, or suite 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. ▶

<b>a Return Transcript</b> , 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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. 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 . . . . .	<input type="checkbox"/>
<b>b Account Transcript</b> , 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 . . . . .	<input type="checkbox"/>
<b>c Record of Account</b> , 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 . . . . .	<input type="checkbox"/>
<b>7 Verification of Nonfiling</b> , which is proof from the IRS that you <b>did not</b> 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 . . . . .	<input type="checkbox"/>
<b>8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> 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 . . . . .	<input type="checkbox"/>

**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 ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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**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.

<input type="checkbox"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<b>Sign Here</b> ▶ <b>Signature</b> (see instructions)	Date
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
▶ <b>Spouse's signature</b>	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, include it on this line.

**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.

**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:
Florida, Louisiana, Mississippi, 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 RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  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 RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  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 RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



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.