

FAX COVER SHEET *(This page should be returned to us with your completed financial analysis form)*

To: Loss Mitigation

From: _____ Account Number(s) _____

Fax to: **1-866-709-4744** or mail to: Loss Mitigation
2711 North Haskell Avenue, Suite 900
Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form**
- **The enclosed Financial Hardship Affidavit completed and signed by all borrowers (no notary required),**
- **A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers), and**
- **Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:**

For each borrower who is paid by an employer:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- ☐ Copy of the two most recent pay stubs or other proof of income from your employer.

For each borrower who is self-employed:

- ☐ Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- ☐ Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance, or unemployment:

- ☐ Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- ☐ Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- ☐ Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
- ☐ Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- ☐ Copies of most recent two years filed federal tax returns with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- **Copy of listing agreement**
- **Copy of the sales contract**
- **Copy of the estimated Settlement Statement (HUD 1) if available**
- **Signed "third party authorization" form**

FINANCIAL ANALYSIS FORM

Name (Borrower):	Daytime Phone:	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:
Mailing Address:		

May we contact you via email:	Yes/No
If yes, please provide your email address:	
Is the property occupied? If yes, is it owner occupied or tenant occupied?	Yes/No Owner/Tenant
Have you filed bankruptcy?	Yes/No
Amount of funds available to contribute towards a workout?	\$
Total number of individuals in your household:	
Do you want to keep the property?	Yes/No
Is your home listed for sale? If yes, what is the list price?	Yes/No \$
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:
Do you have a second mortgage?	Yes/No
If yes, please provide contact information for your second mortgage company.	Name/phone number of second mortgage company:

EMPLOYMENT HISTORY

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long?			
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$	\$	\$
Unemployment Income (monthly)	\$	\$	\$
Child Support / Alimony (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$

*Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

(Note that some of the items included here are not applicable to the MHA program. I understand, however, that this form is to be used for various modification programs, including the MHA.)

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Borrower Signature**Date****Co-borrower Signature****Date**

Financial Hardship Affidavit

Borrower Name: _____

Co-Borrower Name: _____

Property Street Address: _____

Property City, State, Zip: _____

Account Number: _____

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks (“☐”) the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

- ☐

☐

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under “Explanation” and have attached verifying documentation.
- ☐

☐

My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under “Explanation” and have attached verifying documentation.
- ☐

☐

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under “Explanation” and have attached verifying documentation.
- ☐

☐

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under “Explanation” and have attached verifying documentation.
- ☐

☐

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under “Explanation” and have attached verifying documentation.
- ☐

☐

There are other reasons I/we cannot make our mortgage payments. I have provided details under “Explanation” and have attached verifying documentation.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income may subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud.

The information contained in these documents is subject to examination and verification. Any potential misrepresentation may be referred to the appropriate law enforcement authority for investigation and prosecution.

Date

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

(Please complete and return if you want your lender/mortgage servicer to speak with your Real Estate Agent, or any other designated third party on your behalf concerning your mortgage loan account.)

Account Number: _____

Name: _____

Property Address: _____

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
Name Company (if applicable)

_____ Phone Number
Relationship (if applicable)

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

I understand that the lender/mortgage servicer will take reasonable steps to verify the identity of the 3rd party authorized above but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my mortgage loan account or seeks information about my mortgage loan account. I further understand that the lender/mortgage servicer will have no responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

NOTE: No information concerning my/our account will be provided until my lender/mortgage servicer has received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

I/We agree to this Third Party Authorization and Agreement to Release.

Printed Borrower Name

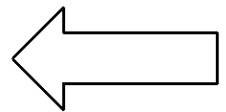
Printed Borrower Name

Date _____

Borrower Signature

Borrower Signature

Date _____



Form **4506-T****Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

▶ Do not sign this form unless all applicable lines have been completed.

Read the instructions on page 2.

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.**1a** Name shown on tax return. If a joint return, enter the name shown first.**1b** First social security number on tax return or employer identification number (see instructions)**2a** If a joint return, enter spouse's name shown on tax return**2b** Second social security number if joint tax return**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code**4** Previous address shown on the last return filed if different from line 3**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.**Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.****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. ▶**a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, 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. ☐**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 30 calendar days. ☐**c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. ☐**7** **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days. ☐**8** **Form W-2, Form 1099 series, Form 1088 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 2006, filed in 2007, will not be available from the IRS until 2008. 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 45 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 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.

____/____/____ ____/____/____ ____/____/____ ____/____/____

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, either husband or wife must sign. If signed by a corporate officer, partner, 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.

Telephone number of taxpayer on line 1a or 2a
() - () - ()**Sign Here**

Signature (see instructions)

Date

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

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2008)

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

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 below shows two different RAINS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for Individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAINS Team Stop 679 Andover, MA 01551 978-247-9265
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAINS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAINS Team Stop 6716 AUSO Austin, TX 73301 512-460-2372
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAINS Team Stop 37108 Evanston, CA 93885 559-458-5976
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAINS Team Stop 5705-B41 Kansas City, MO 64369 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAINS Team P.O. Box 5941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAINS Team P.O. Box 145600 Stop 2800 F Cincinnati, OH 45250 513-669-3592

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

Line 5. 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. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

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.

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 Internal Revenue Code 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.

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.

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. Sections 6103 and 6109 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 use of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SEW:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-5526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

General Notification

The enclosed package has been enhanced to encompass requirements for all available programs, including the Making Home Affordable program established under the Obama administration.

For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov or www.financialstability.gov website.

Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.

You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.

Non-escrowed accounts: If approved for a modification, an escrow account is required for most modification programs.

If approved for a modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from Loss Mitigation within 10 business days advising the package was received and notifying you if additional information is required. Within 30 days from the date a complete package is received, you will be notified as to the modification option available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

The Financial Analysis Form asks, "Amount of funds available to contribute towards a workout?" What does that mean?

We are attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances this may be called a down payment or a borrower's contribution. (Not applicable to the Making Home Affordable Program.)

On the Financial Analysis Form, what would be included as Personal Property under the Asset section?

Personal property is an item of worth that you may own. Some examples of personal property may include a vehicle or recreational vehicle, collectibles, etc.

Under liabilities, I pay my car insurance on a semi-annual or annual basis. How do I list that?

Please make sure that the amount of the expense is broken down to a monthly premium amount. Example: If the car insurance is \$500 for a 6 month period, divide \$500 by 6 (\$83.33) to determine the monthly premium.

Under liabilities, I do not have enough space for all of my credit cards and/or student loans, how do you want me to list them?

Include these items on an additional piece of paper.

The 4506-T form states, "Caution: DO NOT SIGN this form if a 3rd party required you to complete and lines 6 and 9 are blank." What do I enter for those items?

Item six should be filled in with the number of the tax form that you use when completing your income taxes (ie. 1040, 1040EZ). Check box 6a, Transcript requested. We suggest Item 9 be filled in with both 2007 and 2008 year end in case you haven't filed 2008 tax return or it has not been completed.