



Dear Customer:

To assist you with your application for the Loss Mitigation Program, enclosed are the documents that you should complete in full and deliver with all applicable documents to start the evaluation process.

Once you complete all the forms as well as the documents and information required, please send them to us through one of the following:

Email:	Imitigation@orientalbank.com
Postal Address:	PO Box 362230 San Juan, PR 00936-2230
Fax:	787-625-5792
Office Location:	290 Jesús T. Piñero Ave. #290, Hato Rey, PR 00918.

Upon receipt of your request we will begin with the evaluation process.

If you need additional information, please contact us at (787) 766-8181 or 1-800-981-3324. Our service hours are Monday through Friday from 8:30 a.m. to 4:00 p.m. and Saturdays from 9:00 a.m. to 12:00 p.m.

Cordially,

Loss Mitigation Unit



Loss Mitigation Application (Borrower)

Loan Number: _____

Property address: _____

Type of property: ___ Principal Residence ___ Second Home ___ Investment

Property Status: ___ Owner Occupied ___ Rented ___ Vacant

Purpose of your visit: _____

Borrower Information

Name and Last Names: _____

Civil Status: _____ Identification Type and Number: _____

Phone Numbers: Home Phone _____ Mobile Phone _____ Other _____

Email address: _____

Physical address: _____

Mailing address: _____

Employer Name: _____ Position or Title: _____

Work Phone Number: _____ Time in current employment: _____

Previous employer (if working less than a year in your current job)

Phone Number: _____ Start Date ____/____/____ End Date ____/____/____

Additional properties address, if any: _____

Assets – Bank Accounts (Include account numbers and financial institution name) _____

Have you filed bankruptcy? ___ Yes ___ No If yes, please indicate which chapter: ___ Chapter 7
___ Chapter 11 ___ Chapter 13

Filing Date: _____ Had your bankruptcy been discharged? ___ Yes ___ No

Bankruptcy case number: _____

Are you or any other applicant an active duty service member? ___ Yes ___ No

If affirmative, had any borrower been relocated out of his/her principal residence or had received a permanent station change order? ___ Yes ___ No

Relocation Station _____

Is the borrower the widower/widow of a deceased service member who was on active duty at the time of death?

___ Yes ___ No

Notifications and Authorizations*

1. I authorize Oriental Bank to request a Credit Report for the evaluation of Loss Mitigation alternatives.
2. I hereby authorize Oriental Bank to request information regarding my credit, income, current balance of my personal debts. To request information about mortgage loans and/or cancellation balances, payroll copies and/or breakdown of salaries and commissions to my current employer or previous employer and any other type of information necessary for the processing Loss Mitigation application that I am or had submitted.
3. I also authorize Oriental Bank to request information about my checking or savings accounts, lines of credit, certificates of deposit and/or active loans.
4. In the same way, I agree to offer any additional information required by Oriental Bank, which was not provided in the initial interview. To deliver any additional document requested and that is necessary for the evaluation process. To clarify thru explanatory letter any details that are affecting my credit, which may interfere with the approval of my application for the Loss Mitigation Mortgage Counseling Program.
5. Oriental Bank guarantees our clients the authenticity, integrity and confidentiality of information once it is received. Sending or exchanging documents by email is an **optional and non-mandatory** method available. I acknowledge that electronic communications, including fax and email (i) may not be reliable and may not be received on time by the intended recipient and (ii) may be subject to being intercepted, lost or altered. You assume full responsibility for the risks associated with this type of electronic communication and agree that Oriental Bank will not be liable for any loss or damage arising from the use of electronic communications, including but not limited to any loss or damage arising from the risks indicated in the previous orientation.

Signature: _____ Date: _____

*A copy of this document with my signature represents sufficient acceptance and authorization of these disclosures.



Loss Mitigation Application (Co-Borrower)

Loan Number: _____

Property address: _____

Type of property: ___ Principal Residence ___ Second Home ___ Investment

Property Status: ___ Owner Occupied ___ Rented ___ Vacant

Purpose of your visit: _____

Co-Borrower Information

Name and Last Names: _____

Civil Status: _____ Identification Type and Number: _____

Phone Numbers: Home Phone _____ Mobile Phone _____ Other _____

Email address: _____

Physical address: _____

Employer Name: _____ Position or Title: _____

Work Phone Number: _____ Time in current employment: _____

Previous employer (if working less than a year in your current job)

Phone Number: _____ Start Date ____/____/____ End Date ____/____/____

Additional properties address, if any: _____

Assets – Bank Accounts (Include account numbers and financial institution name) _____

Have you filed bankruptcy? ___ Yes ___ No If yes, please indicate which chapter: ___ Chapter 7 ___ Chapter 11 ___ Chapter 13

Filing Date: _____ Had your bankruptcy been discharged? ___ Yes ___ No

Bankruptcy case number: _____

Are you or any other applicant an active duty service member? ___ Yes ___ No

If affirmative, had any borrower been relocated out of his/her principal residence or had received a permanent station change order? ___ Yes ___ No

Relocation Station _____

Is the borrower the widower/widow of a deceased service member who was on active duty at the time of death?

___ Yes ___ No

Notifications and Authorizations*

- 1. I authorize Oriental Bank to request a Credit Report for the evaluation of Loss Mitigation alternatives.
2. I hereby authorize Oriental Bank to request information regarding my credit, income, current balance of my personal debts. To request information about mortgage loans and/or cancellation balances, payroll copies and/or breakdown of salaries and commissions to my current employer or previous employer and any other type of information necessary for the processing Loss Mitigation application that I am or had submitted.
3. I also authorize Oriental Bank to request information about my checking or savings accounts, lines of credit, certificates of deposit and/or active loans.
4. In the same way, I agree to offer any additional information required by Oriental Bank, which was not provided in the initial interview. To deliver any additional document requested and that is necessary for the evaluation process. To clarify thru explanatory letter any details that are affecting my credit, which may interfere with the approval of my application for the Loss Mitigation Mortgage Counseling Program.
5. Oriental Bank guarantees our clients the authenticity, integrity and confidentiality of information once it is received. Sending or exchanging documents by email is an optional and non-mandatory method available. I acknowledge that electronic communications, including fax and email (i) may not be reliable and may not be received on time by the intended recipient and (ii) may be subject to being intercepted, lost or altered. You assume full responsibility for the risks associated with this type of electronic communication and agree that Oriental Bank will not be liable for any loss or damage arising from the use of electronic communications, including but not limited to any loss or damage arising from the risks indicated in the previous orientation.

Signature: _____ Date: _____

*A copy of this document with my signature represents sufficient acceptance and authorization of these disclosures.



Attachment to Loss Mitigation Application

Loan Number: _____

Required Documents and Information *

Salaried Client	Included	Self-Employed Client	Included
Oriental Bank Forms		Oriental Bank Forms	
Paystubs for the last 30 days that include YTD information, if not included customer must provide it		Most recent quarterly or YTD profit and loss statement	
Most recent W2 or last executed Income Tax Return		Executed Income Tax Return for the last year including attachments (for both individual and corporation)	
Other income evidence (rent, social security, etc.)**		Other income evidence (rent, social security, etc.)**	
Evidence of utilities (electricity, water, etc.)		Evidence of utilities (electricity, water, etc.)	
Evidence of other recurring expenses not reflected on your credit report. ***		Evidence of other recurring expenses not reflected on your credit report. ***	

*This list indicates the minimum required documents to start the evaluation process. Additional information or documents may be required to complete your application.

**Last two bank statements may be requested to confirm income and expenses information

***If any of the recurring expenses are paid by another person, evidence must be included.

Right to Receive a Copy of the Appraisal Disclosure

We may order an appraisal to determine the property’s value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your Loss Mitigation alternative does not close.

You can request an additional appraisal for your own use at your cost.

Post-Closing Mortgage Review

Every month, our Institution conducts reviews of the mortgage loans granted. These loans are randomly selected in order to maintain the quality required by our internal regulations, federal regulatory agencies and our investors. If your application is selected as part of any of the reviews, we may contact you to re-verify the documents related to your transaction; there will be no other specific reason to select your loan. During the review, one of our suppliers and/or credit investigation agency may contact you. You hereby authorize Oriental Bank to re-verify the information and/or documents related to your mortgage loan, in the event that your mortgage loan is selected for review.

Contact Information for Financial Counseling Services

Consumer Counseling Services

Phone number: (787) 722-8835 / 1-800-717-2227

Website: www.consumerpr.org

Email: info@consumerpr.org.

Acceptance and Authorization

Borrower

Name _____

Signature: _____ Date: _____

Co-borrower

Name: _____

Signature: _____ Date: _____



FINANCIAL HARDSHIP DECLARATION (AFFIDAVIT)

Borrower Name: _____ Date of Birth: _____

Borrower Name: _____ Date of Birth: _____

Property Address: _____

Servicer: Oriental Bank

Loan Number: _____

In order to qualify for an alternative to the Mortgage Counseling Program, Oriental Bank 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 (v) the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

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 below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My financial circumstances have changed. For example: death in family, serious or chronic illness, 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 below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (water services, electric power, phone services), services programs, increased real property taxes. I have provided details below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation".

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Internal Use Only: Was this form completed by the client (s)?

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialist Name

Specialist Signature

Date



Affidavit

Borrower/Co-Borrower

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful, and the event(s) identified above has/have contributed to my/our 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 law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
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 Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure of my/our mortgage.
5. I/we certify that my/our property is owner occupied and I/we have not received an expropriation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a responsible and timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use the 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.
9. I/we accept and agree to all terms of the Trial Period Plan which is incorporated herein to be available to the debtor(s) as reference.
10. I/we understand that I/we enter into this modification program I/we cannot be or been under Bankruptcy dispositions, from the date the mortgage was granted.
11. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan.
12. I/we agree that any grant or arrangement that has been granted on the payment of the mortgage and the escrow account specifications with respect to my loan, has been revoked.
13. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
14. I/we recognize that Servicer will include in his files my/or personal information, that will include name, address, phone number, social security number, credit account, lease, payment history, information about me/us that appears from any investigation made by the Government of Puerto Rico, and information of account balances, account activity and all the information that Servicer understands necessary.

Borrower's signature / Date

Co-Borrower's signature / Date

Email Address

Email Address

Phone Number (Mobile)

Phone Number (Mobile)

Phone Number (Home)

Phone Number (Home)



Oriental Bank
Loss Mitigation Department
Financial Statement

Loan Number

Borrower Name	Co Borrower Name
Postal Address: _____	Postal Address: _____

Monthly Household Income

Paid how often?	Weekly	Bi-Weekly	Monthly	Paid how often?	Weekly	Bi-Weekly	Monthly
Gross Wages				Gross Wages			
Overtime				Overtime			
Tips, commissions / bonus/				Tips, commissions / bonus/			
Self-employed income				Self-employed income			
Less Paycheck deduction				Less Paycheck deduction			
Total Net Monthly Income			\$ -	Total Net Monthly Income			\$ -

Other Income

Child Support*				Child Support*			
SS benefits or other monthly income from annuities or retirement plan				SS benefits or other monthly income from annuities or retirement plan			
Rental Income				Rental Income			
Unemployment Income				Unemployment Income			
Food Stamps/Welfare				Food Stamps/Welfare			
Other				Other			
Total Income			\$ -	Total Income			\$ -
Total Household Income			\$ -	Total Household Income			\$ -

Monthly Household Assets, Debt Payments

Assets	Estimated/ Net Value	Expenses and Debt	Monthly Payments
Home		Mortgage	
Other Real Estate		Second Mortgage	
Automobile		Rent Payment	
Automobile		Other Mortgage	
Checking Accounts		Homeowners Association	
Cash on Hand		Auto Loan	
Savings Account		Auto Loan	
401k / IRA		Personal Loan	
CDs		Personal Loan	
Other Assets		Line of Credit	
		Student Loan	
		Credit Card	
		Credit Card	
		Credit Card	
		Credit Card	
		Credit Card	
		Tax Lien	
		Other	
		Other	
Total Household Assets	\$ -	Total Household Debt	\$ -

Monthly Household Expenses

Category	Approximate Monthly Payments	Category	Approximate Monthly Payments
Child Support		Electricity	
Water		Gasoline	
Groceries		Cell Phone / Internet	
Medical Expense		Donations	
Health Insurance		Cable	
Private Tuition Expense		Emergency Expenses (5%)	
Clothes / Uniform		Insurance (Life / Automobile)	
Other		Other	
Other		Other	
Total Monthly Payments		Total Monthly Payments	\$ -
Total Household Expenses and Debt Payments		Total Household Expenses and Debt Payments	\$ -

Total Monthly Net Income	\$ -
Total Monthly Expenses	\$ -
Surplus / (Deficit)	\$ -

*Notice: Child support income does not need to be revealed if you do not choose to have it considered.

I certify that the information indicated in this application is true and correct and that it was provided by me to the officers and representatives of Oriental Bank. In addition, I acknowledge and agree that any false representation made intentionally in this application may result in civil or criminal liability including fines, jail or both, under the provisions of Section 1001 of Title 18 of the United States Code and in the article 219 of the Puerto Rico Criminal Code, 33 LPRA 4847 sec.

I authorize Oriental Bank to request a Credit Report and any update required for the evaluation of the Loss Mitigation Program.

Applicant	Date
Co-applicant	Date
Bank Officer	Date

Form AS 2907.1

(previously 330-05)
Rev. Jan 13 09
CA 04-05



Commonwealth of Puerto Rico
Department of the Treasury
INTERNAL REVENUE AREA

OFFICIAL USE
Negociado de Procesamiento de Planillas
o Negociado de Impuesto al Consumo

Número de solicitud

Número(s) de serie

**REQUEST FOR COPY OF THE RETURN, ESTATE
OR GIFT CERTIFICATE OF RELEASE**

OFFICIAL USE
Negociado de Procesamiento de Planillas
o Negociado de Impuesto al Consumo

Preparada por:

Name of taxpayer, merchant, deceased or donor (as applicable)	Social Security No.	Merchant's Registration No.
Name of spouse (as applicable)	Social Security No.	
Name of administrator or authorized agent (as applicable)	Social Security No.	
Taxpayer's postal address	Office Telephone:	
	Home Telephone:	

PART I TYPE OF TAXPAYER - Please, check only one type of taxpayer per request form

<input type="checkbox"/> Individual/Deceased	<input type="checkbox"/> Fiduciary or Estate	<input type="checkbox"/> Partnership (Indicate date of organization: _____)	<input type="checkbox"/> Corporation (Indicate date of incorporation: _____)
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PART II SERVICE REQUESTED - Please, check only one service per request

- Copy of Return (not protocolar) - one \$5.00 Internal Revenue stamp for each copy of return requested.

- Copy of Return (protocolar) - one \$7.00 Internal Revenue stamp for each copy of return requested.

PART III TYPE OF DOCUMENT REQUESTED - Please, select only one type of document per request

<input type="checkbox"/> - Individual Income Tax Return	<input type="checkbox"/> - Employer's Quarterly Return of Income Tax Withheld (Form 499R-1B)	<input type="checkbox"/> - Informative Return of Segregation, Aggregation or Transfer or Real Property (Form SC 2821)
<input type="checkbox"/> - Corporations and Partnerships Income Tax Return	<input type="checkbox"/> - Excise Taxes Monthly Return (Form SC 2225)	<input type="checkbox"/> - Sales and Use Tax Monthly Return (Form SC 2915)
<input type="checkbox"/> - Certificate of Release of Gift Tax Lien (Form SC 6136) - Please, indicate the following: Date of Gift: _____ Case No. (control): _____	<input type="checkbox"/> - Certificate of Release of Estate Tax Lien (Form SC 6136) - Please, indicate the following: Date of Death: _____ Case No. (control): _____	<input type="checkbox"/> - Sales and Use Tax Annual Informative Return (Form SC 2935)
<input type="checkbox"/> - Gift Tax Return (Form SC 2788)	<input type="checkbox"/> - Estate Tax Return (Forms SC 2800, SC 2800A or AS 2801)	<input type="checkbox"/> - Other - (Indicate name and number of the form): _____ _____

PART IV DETAIL OF DOCUMENTS REQUESTED

Tax Period		Amount of documents requested	Total amount to pay in Internal Revenue stamps	
Beginning	Ending		Cost for each document requested (see Part II for details of cost)	Total amount to pay
This request form provides only for 3 tax periods. Please complete another form for additional tax periods.				

PART V DETAIL OF INTERNAL REVENUE STAMPS INCLUDED WITH THIS REQUEST

Serial number	Cost	Serial number	Cost	Serial number	Cost
	\$		\$		\$

PART VI DECLARATION AND SIGNATURE

I hereby declare under the penalty of perjury, that the information provided on this document is true, correct and complete. Also, I certify that the information of my identification card is correct and that I am available to present the same if it is required by the Department.

Name (Print)	Signature	Date
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Person requesting the service: <input type="checkbox"/> Taxpayer / Spouse <input type="checkbox"/> Authorized Agent / Administrator	Type of Identification (Please include copy of the same): <input type="checkbox"/> License <input type="checkbox"/> Electoral card <input type="checkbox"/> Passport <input type="checkbox"/> Employee card - public sector <input type="checkbox"/> Student card - public system <input type="checkbox"/> Veteran identification card	Identification Card No.
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FORM AS 2907.1 - REQUEST FOR COPY OF THE RETURN, ESTATE OR GIFT CERTIFICATE OF RELEASE

Instructions

1. The **Request for Copy of the Return, Estate or Gift Certificate of Release**, Form AS 2907.1 (from now on **Request**), will be used by any taxpayer (authorized agent / administrator) interested in obtaining copy of any of the documents indicated in **Part II** of this form.

As general rule, the Department will issue Form SC 2903, Certification of the Information Included on the **Individual** Income Tax Return, in **substitution** of the copy of the **individual** income tax return. This Certification has the same validity for every purpose as the copy of the return and contains the most relevant facts of the same, including the biographical and financial information presented by the taxpayer and any adjustment made by the Department of the Treasury.

2. The **Request** must include an Internal Revenue stamp (please do not send cash with this request) **for each one** of the documents requested, and **copy** of the photo identification card of the taxpayer and authorized agent or administrator, whichever applies. If the applicant is an authorized agent, the **Request** must include Form AS 2745-A, Power and Declaration of Representation, or a letter signed by the taxpayer authorizing the request. If the taxpayer is a corporation or other juridical entity, the **Request** must include a letter, in stamped paper of the corporation or entity, signed by the corporation's authorized executive. If the taxpayer is a veteran, he must include the Honorable Discharge (Form DD-214) to receive this service free of charge. If the taxpayer who is a veteran dies, the surviving spouse is entitled to the same benefit of obtaining the copy free of charge if the Certificate of Marriage, Certificate of Death and Form DD-214 of the deceased veteran are submitted.

The petitioner will submit a valid photo identification card, with a legible name and signed. The identification must be issued by the Agencies, Municipalities, Public Corporations or Instrumentalities of the Commonwealth of Puerto Rico or the United States. The qualified identifications are the following: (a)- Driver's license; (b)- Electoral card; (c)- Student card of the public sector; (d)- Employee card of the public sector; (e)- Veteran identification card; (f)- Passport (in these cases it will be accepted the passport issued by any foreign authority).

3. The **Request** must be completed in all of its parts and delivered to any of the Taxpayer's Service Centers of the Taxpayer's Service Bureau (Centers). For the location of the Centers and to obtain additional information regarding this procedure, you may call the following telephone numbers: **[San Juan (787) 722-0216] – [Ponce (787) 844-8800] – [Bayamón (787) 778-4949] – [Caguas (787) 258-5272, 745-0666] – [Mayagüez (787) 265-5200]**. Also, the **Request** can be **mailed** to the following address: Department of the Treasury, Photocopy Section, Returns Processing Bureau, PO Box 9022501, San Juan, PR 00902-2501.

If the **Request** is regarding **exclusively** to the **Sales and Use Tax Monthly Return (Form SC 2915)** or to the **Sales and Use Tax Annual Informative Return (Form SC 2635)**, it must be delivered to any of the Merchant's Service Districts of the Consumption Tax Bureau (Districts). For the location of the Districts and to obtain additional information regarding this procedure, you may call the following telephone numbers: **[San Juan (787) 782-7244 / (787) 277-3939] - [Bayamón (787) 785-2268 / (787) 785-5675] - [Carolina (787) 701-2740 / (787) 276-3650] - [Caguas (787) 745-9440 / (787) 743-2908] - [Humacao (787) 852-5595 / (787) 852-3003] - [Arecibo (787) 878-0322 / (787) 879-2952] - [Ponce (787) 842-6261 / (787) 842-8903] - [Mayagüez (787) 831-6130 / (787) 832-3152] - [Aguadilla (787) 890-0430 / (787) 890-0895]**. Also, the **Request** can be **mailed** to the following address: Department of the Treasury, Consumption Tax Bureau, Returns Processing Division, PO Box 9024140, San Juan, PR 00902-4140.

4. If the taxpayer or the spouse died, the **Request** can be completed by the following:

⇒ **Widow (er)** – If the taxpayer or his spouse filed the return as married living with spouse, the surviving taxpayer or spouse can request copy of the document. Nevertheless, if the taxpayer or his spouse filed separate returns, the surviving taxpayer or spouse can not request copy of the document for the other unless in addition to be the spouse, he/she is one of the heirs, one of the testamentary beneficiaries or the testamentary executor, in which case the Heirs Declaration or Testament must be included, as applicable.

⇒ **Any heir** – Can request copy of the document and must include the Heirs Declaration with the **Request**. If the heir is a minor, the legal representative must complete and sign the form **Power and Declaration of Representation** (Form AS 2745-A). Also, the legal representative must submit the Court Resolution with the **Request**, in which he was designated as representative.

⇒ **Any beneficiary or testamentary executor** – Can request copy of the document and include the Testament with the **Request**. If the beneficiary is a minor, the legal representative must complete and sign the form **Power and Declaration of Representation** (Form AS 2745-A). Also, the legal representative must submit the Court Resolution with the **Request**, in which he was designated as representative.

Also, the petitioner must include with the **Request** the Certificate of Death and **copy** of the photo identification, in accordance with the established procedures.

5. If the **Request is incomplete**, the necessary information will be required in writing. The Department of the Treasury will consider the case terminated after **20** working days without receiving the answer and will return all the documents submitted by mail, including the Internal Revenue canceled stamps. The Internal Revenue stamps will be canceled as payment for the administrative expenses incurred by the Department in the receipt, handling and return of the documents that could not be processed, and the same can not be used to request any other service, neither you can claim their cost. If the taxpayer is still interested in copy of the document, he/she must submit another request with the purchase of the corresponding Internal Revenue stamps.