

Request for Copy or Transcript of Tax Form

► Read instructions before completing this form.

► Type or print clearly. Request may be rejected if the form is incomplete or illegible.

Note: Do not use this form to get tax account information. Instead, see instructions below.

1a Name shown on tax form. If a joint return, enter the name shown first.	1b First social security number on tax form or employer identification number (see instructions)
2a If a joint return, spouse's name shown on tax form	2b Second social security number on tax form
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address	
6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input type="checkbox"/>	
7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ►	
8 Check only one box to show what you want. There is no charge for items 8a, b, and c:	
a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions).	
b <input type="checkbox"/> Verification of nonfiling.	
c <input type="checkbox"/> Form(s) W-2 information (see instructions).	
d <input type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested.	
Note: If these copies must be certified for court or administrative proceedings, see instructions and check here <input type="checkbox"/>	
9 If this request is to meet a requirement of one of the following, check all boxes that apply.	
<input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial institution	
10 Tax form number (Form 1040, 1040A, 941, etc.)	12 Complete only if line 8d is checked. Amount due:
11 Tax period(s) (year or period ended date). If more than four, see instructions.	a Cost for each period \$ _____
	b Number of tax periods requested on line 11 _____
	c Total cost. Multiply line 12a by line 12b. . . \$ _____
	Full payment must accompany your request. Make check or money order payable to TMInternal Revenue Service.

Caution: Before signing, make sure all items are complete and the form is dated.

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. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

Please Sign Here	Signature. See instructions. If other than taxpayer, attach authorization document.	Date	Telephone number of requester ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		Best time to call
	Spouse's signature	Date	TRY A TAX RETURN TRANSCRIPT (see line 8a instructions)