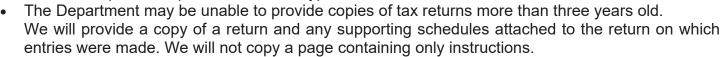


tax.iowa.gov

Instructions

Iowa Department of

- Use this form to request copies of lowa tax returns.
- Submit a separate request for each tax type.



- Incomplete requests or those without payment will be returned.
- If you are not the taxpayer, please enclose proof of authorization to receive a copy of the return(s) requested. Submit either:
 - o IA 2848 Iowa Department of Revenue Power of Attorney,
 - o IA 8821 Iowa Tax Information Disclosure Designation,
 - o Representative Certification Form
- Contact the IRS for copies of federal returns at IRS.gov or 800-829-1040.

For returns filed electronically using GovConnectIowa, log in to your account to view and print returns. Name(s) as shown on the return: Address as shown on return: Your name if different from above: _______ Mailing address for copy(s): Address:_____ City: _____ State: __ ZIP: Copies of returns requested Provide the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) for individual income, or a Federal Employer Identification Number (FEIN) for other income taxes. Provide an account ID for all other business tax types. Include a separate sheet if more space is needed. SSN/ITIN, FEIN, or account number: ______ Tax type: _____ Tax period(s) ending (MM/DD/YY): Fee is \$5 for each tax return. Number of returns requested: x \$5 = \$.00 Do not send cash. Make check payable to lowa Department of Revenue. Payment must accompany this request. When you pay by check, you authorize the Department to convert your check to a one-time electronic banking transaction. I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority. Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted. Signature of taxpayer or authorized requestor: Date: _____ Phone: ____ Allow up to 3 weeks for processing. Mail completed form, check, and proof of authorization, if required, to:

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95-504 (09/21/2023)

PO Box 10413

Request for Copy

Iowa Department of Revenue

Des Moines IA 50306-0413