

Instructions

- Use this form to request copies of Iowa returns.
- Submit a separate request for each type of tax return.
- If you are not the taxpayer, please enclose proof of authorization to receive a copy of the return(s) requested. We need:
 - An Iowa Power of Attorney (form IA 2848), or
 - If the taxpayer is deceased, proof that you are authorized to represent the decedent.
- Requests received without a signature or date will be returned.
- We may be unable to provide copies of tax returns more than three years old.
We will provide a copy of a return and any supporting schedules attached to the return on which entries were made. We will not copy a page containing only instructions.
- Contact the IRS at 800-829-1040 for federal returns.

For sales, use, and withholding returns filed through the eFile & Pay system, view or print returns at tax.iowa.gov. Log in to the eFile & Pay system and select "View Returns eHistory" from the main menu.

Name: _____

Address as shown on return: _____

Mailing address for copy(s): _____

Name: _____

Address as shown on return: _____

Mailing address for copy(s): _____

Copies of Returns Requested

Provide a Social Security Number (SSN) for individual income. Provide a Federal Employer Identification Number (FEIN) for S corporation or Partnership. Provide a permit number for all other business types.

Tax type (one per form)	SSN, FEIN or, permit number	Tax periods

Fee is \$5 for each tax return. Number of returns requested: _____ x \$5 = \$ _____ .00

Do not send cash. Make check payable to Iowa Department of Revenue.

Payment must accompany this request. Requests received without payment will be returned to the sender. When you pay by check, you authorize the Department to convert your check to a one-time electronic banking transaction.

If signed by someone other than taxpayer, authorization is required. See instructions.

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.

Signature of taxpayer or authorized requester: _____ Date: _____

Phone: _____

Mail completed form and check to:

Request for Copy
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413



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