

Legal name: _____

Doing business as: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Requesting Copy of a Business eFile (BEN) Letter

Individual Income Tax

(Provide Social Security Number): _____

Corporation Income Tax

(Provide Federal Employer Identification Number): _____

Mailing Address

The mailing address will be effective for all tax types listed above. Specify if a different mailing address is requested for different tax permits.

Permit number(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature

This form must be signed by the owner, power of attorney, authorized partner, officer or responsible party on record with the Department.

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: _____ Date: _____

Print name: _____ Title: _____

Contact name: _____ Phone: _____

Contact email: _____

The integrity and security of sending personal information via fax or email cannot be guaranteed.

By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

Submit this form by:

Fax: 515-281-3906

Mail to: ATTN Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines IA 50306-0470

Questions?

Contact Taxpayer Services
Phone: 515-281-3114 or 800-367-3388
Email: idr@iowa.gov

For Office Use Only:



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