

Instructions

- Use this form to request copies of Iowa tax returns.
- Submit a separate request for each tax type.
- The Department 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.
- 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:
 - IA 2848 Iowa Department of Revenue Power of Attorney,
 - IA 8821 Iowa Tax Information Disclosure Designation,
 - 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 Iowa 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.

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:

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



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