

Individual last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Requesting Copy of a Business eFile (BEN) Letter**

Individual Income Tax

Social Security Number: \_\_\_\_\_

**Mailing Address**

If different from your physical address.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Signature**

This form must be signed by the taxpayer or authorized representative with a valid IA 2848 or Representative Certification form on file with the Department. Go to the Department's website [tax.iowa.gov](http://tax.iowa.gov) under the confidentiality section for additional information.

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**

**OR**

**Mail to:** ATTN Registration Services

Iowa Department of Revenue

PO Box 10470

Des Moines IA 50306-0470

**Questions or Assistance:**

Additional information can be found:

- On the Department website ([tax.iowa.gov](http://tax.iowa.gov))
- By emailing the Department ([idr@iowa.gov](mailto:idr@iowa.gov))
- By calling Taxpayer Services at 515-281-3114 or 800-367-3388

For Office Use Only:



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