



1519404011

MAIL TO:  
 Georgia Department of Revenue  
 PO Box 49512  
 Atlanta, GA 30359-1512

**TAXPAYER RETURN REQUEST FORM**

**GENERAL INSTRUCTIONS**

- Use this form to request copies of GA returns. *Contact the IRS for federal returns.*
- In order to locate the proper return, please provide the taxpayers' name, address; identifying numbers as they appeared on the return.
- Prepare a separate request for each type of tax return.
- If you are not the taxpayer, please enclose a copy of a signed Power of Attorney (Form RD1061) to receive the requested information.
- Please allow 2 weeks for processing time.

**TAXPAYER INFORMATION**

Primary Taxpayer Name or Name of Business:		Spouse Name (if applicable):		
SSN _ _ - _ - _ _ _		Spouse SSN (if applicable) _ _ - _ - _ _ _		
Account Number _ _ _ _ _				
Mailing Address on Return:		City	State	Zip
Current Mailing Address (If different from above):		City	State	Zip
Daytime Telephone Number	Fax Number	Name of Contact Person (if applicable)		

**RETURN TAX YEAR(s):** \_\_\_\_\_

**Check Tax Type:**    **Individual**    **Sales and use tax**    **Withholding**    **Corporate**

**FEES:**   **\$5.00 Each**    **Paper Filed** Tax Return and all Attachments.  
                   **\$4.00 Each**    **Electronic Filed** Tax Return

**Amount Due:** Number of Returns Requested \_\_\_\_\_ x Return Copy \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Check, Money Order, or Cashier's Check made payable to **Georgia Department of Revenue**.  
**PLEASE DO NOT MAIL CASH**

**Note:** Full Payment Must Accompany the Return Request.

**DECLARATION:**

I hereby declare, under penalties of perjury, that I have examined this request and, to the best of my knowledge and belief, it is true, correct and complete. If you are being represented by an attorney, accountant, or other third party, a properly executed Power of Attorney (Form RD-1061) authorizing the representative to act for the taxpayer must be included with this form.

Taxpayer's Signature and Date	Spouse's Signature and Date (if applicable)
Representative's Name	Title (if applicable)
Representative's Signature	Date