

MAIL TO: Georgia Department of Revenue 2595 Century Pkwy NE, Suite 107 Atlanta, GA 30345-3173

## 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, and 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 the Disclosure Authorization (Form RD-1062) or a signed Power of Attorney (Form RD-1061) to receive the requested information.
- Please allow 15 business days to process your request.

## **TAXPAYER INFORMATION**

Primary Taxpayer Name or Name of Business:	Spouse Name	Spouse Name (if applicable):		
SSN	Spouse SSN (if	Spouse SSN (if applicable)		
Tax ID				
Mailing Address on Return:	City	State	Zip	
Current Mailing Address (If different from above):	City	State	Zip	
Daytime Telephone Number	Name of Conta	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				
Amount Due: Number of Returns Requested x Number of Copies \$ = \$				
Check, Money Order, or Cashier's Check mad DO NOT MAIL CASH	le payable to <b>Geor</b>	gia Departmen	t of Revenue. <u>PLEASE</u>	
Note: Full Payment Must Accompany the Return Request.				
<b>DECLARATION:</b> I hereby declare, under penalties of perjury, that I have exa and complete. If you are being represented by an attorney (Form RD-1062) or Power of Attorney (Form RD-1061) authors.	ν, accountant, or other t	hird party, a properly	y executed Disclosure Authorization	
Taxpayer's Signature and Date	Spouse's Signa	Spouse's Signature and Date (if applicable)		
Representative's Name	Title (if applicat	Title (if applicable)		
Representative's Signature	Date	Date		