



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, Trust/Estate, or Business Name	K Spouse Name (if applicable):		
SSN:	Spouse SSN (if applicable)		
Tax ID:	Tax Period(s):		
Mailing Address on Return:	City:	State:	Zip:
Current Mailing Address (If different from above):	City:	State:	Zip:
Daytime Telephone Number:	Name of Contact Person (if applicable):		

Check Tax Type:	Individual	Sales and Use	Withholding	Corporate
	Composite	Partnership	Fiduciary	

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 Number of Copies \$ _____ = \$ _____

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 Disclosure Authorization (Form RD-1062) or 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