

# Request for Copy of Filed Tax Return

Read the instructions on back before completing this form.

Do **not** use this form to request assessment or account information.

Name of taxpayer(s) as shown on the return		Current name <i>(if different than on return)</i>	
Street address as shown on the return		Street address <i>(if different than on return)</i>	
City	State	ZIP code	City State ZIP code
Social security number on return	Joint taxpayer's social security number	Employer identification number shown on return	

**Tax Type** - check the appropriate box(es):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Personal income | <input type="checkbox"/> Withholding/wage reporting | <input type="checkbox"/> Estate and gift        |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Real estate transfer       | <input type="checkbox"/> Truck mileage/fuel use |
| <input type="checkbox"/> Sales and use   | <input type="checkbox"/> Petroleum business         | <input type="checkbox"/> Other - specify _____  |

Form Number	Title of Form	Tax Year or Period Requested

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The cost for photocopies is twenty-five cents (\$.25) per page. **Enclose payment with your request.** Make your check payable to **Commissioner of Taxation and Finance.** Amount enclosed

<b>Please Sign Here</b>	Signature	Date	Telephone number (    )
	Title <i>(see instructions)</i>		Best time to call

**Important:** Your signature must match the signature on the return(s) requested.

*See instructions on back*

## Instructions

This form should be filed only to obtain a copy of a tax return that you filed. If you are requesting copies of assessments or correspondence, or need an explanation of an assessment, you should send your request to the Tax Department unit that issued the assessment or correspondence.

We need the information on the front of this form to gain access to your tax return(s) in our files and to properly respond to your request. If you do not furnish the information, we may not be able to fill your request.

Enter the reason for your request. For example, if you need income verification for NYC Housing, enter **NYC Housing**.

Enclose a check or money order payable to: **Commissioner of Taxation and Finance** to cover the cost of photocopying each page of the return, at a rate of 25 cents (.25) per page. If exact number of pages is unknown, the amount for a close estimate would be acceptable.

Allow at least 60 days for delivery. To avoid delays, be sure to furnish all the information requested. (You must allow at least 8 weeks after a tax return is filed before requesting copies).

Copies of jointly filed returns can be sent to either taxpayer, and only one signature is required.

For a corporation, the signature of the president, secretary or other principal officer is required. The corporate seal must be placed on the request.

Be sure to sign your request for copy exactly as you signed the original tax form.

Mail your completed request to: NYS TAX DEPARTMENT  
PHOTOCOPY UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

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### Requesting Copies on a Taxpayer's Behalf

If you are **not** the taxpayer shown on the return, you must submit a notarized authorization from that taxpayer. The authorization must specifically state what tax form(s) and tax period(s) are covered. If the taxpayer is unable to sign, you must submit a power of attorney, power of appointment or other evidence to establish that you are authorized to act on behalf of the taxpayer or are authorized to receive that taxpayer's tax documents.

Mail your completed request to: NYS TAX DEPARTMENT  
DISCLOSURE UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

### Need Help?

**For information, forms or publications**, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

**Hotline for the Hearing and Speech Impaired** - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities** - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

**If you need to write**, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.