

# Request for Copies of Tax Documents

REVENUE USE ONLY.  
Do not mark in this area.

No. \_\_\_\_\_

**Read instructions on reverse side before completing this form. Please print or type.**

**1** Name(s) as shown on document:

A. \_\_\_\_\_  
 B. \_\_\_\_\_

**2** SSN and/or ID number as shown on document:

A. \_\_\_\_\_  
 B. \_\_\_\_\_

**3** Tax return for period(s):

\_\_\_\_\_

When filed:

\_\_\_\_\_

**4** Tax type. *Check only one:*

- Individual Income Tax
- Corporate Income Tax
- Transaction Privilege & Use Tax
- Withholding
- Other. *Please specify:*

\_\_\_\_\_

**5** Current address:

\_\_\_\_\_

**6** Mail copies to:

\_\_\_\_\_

**7** Signature:

\_\_\_\_\_  
 PRINT OR TYPE NAME OF REQUESTOR

\_\_\_\_\_  
 SIGNATURE OF REQUESTOR

\_\_\_\_\_  
 TITLE (if applicable)

\_\_\_\_\_  
 DATE                      DAYTIME PHONE (with area code)

**8** Instructions:

**1) FEES:**

**Full payment must be included** with your request. **Check or money order only.** Your canceled check is your receipt. *Check one box below:*

- Uncertified Copy, \$5.00 per tax period
- Certified Copy, \$7.00 per tax period

**2) Mail completed and signed form to:**

Arizona Department of Revenue  
**Copy Desk**  
 PO Box 29216  
 Phoenix, AZ 85038-9216

**3) Please allow ten (10) days for processing after receipt by the ADOR Copy Desk.**

### DEPARTMENT OF REVENUE USE ONLY

DOCUMENT NUMBER(S)

Serial Number:	_____	_____
Amount Received:	_____	_____
Postmark Date:	_____	_____
Date Received:	_____	_____
Date Mailed:	_____	_____
Billed/Refunded:	_____	_____
Comments:	_____	

# Request for Certified Copies of Documents

## Phone Numbers

For more information or help, call one of the numbers listed below.

Phoenix (602) 255-3381  
 From area codes 520 and 928, toll-free (800) 352-4090

For tax rulings, tax procedures, tax forms and instructions, and other tax information, access our home page at [www.azdor.gov](http://www.azdor.gov).

## Instructions

If requesting a document and you are not the taxpayer, you must provide a Power of Attorney signed by the taxpayer. We will not process this type of request without a Power of Attorney. You can find the department's Power of Attorney forms on our website at [www.azdor.gov](http://www.azdor.gov).

### 1 - Name(s)

When requesting an individual income tax document, fill in the taxpayer's full name as shown on the original document. If married, put the spouse's name on line B.

When requesting transaction privilege, withholding, or corporate income tax documents, fill in the name of the business as shown on the original document.

### 2 - Identification Number

When requesting an individual income tax document, fill in the taxpayer's social security number (SSN) as shown on the original document. If married, put the spouse's SSN on line B.

When requesting transaction privilege, withholding, or corporate income tax documents, fill in your state license number or employer identification number as shown on the original document.

### 3 - Tax Period(s)

When requesting individual income or corporate income tax documents, fill in the year needed and the date the taxpayer filed the document.

When requesting transaction privilege or withholding tax documents, fill in the period covered and the date the taxpayer filed the document.

### 4 - Tax Type

Check the tax type being requested. **Check only one box.** If you are requesting copies for more than one tax type, you must use a separate form for each tax type.

The department's current retention periods for returns of the main tax types are as follows:

Individual Income Tax Returns	
Paper Original	5 years after calendar year received and processed
Electronic	10 years after calendar month processed
Microfilm	10 years after calendar year received and processed
Corporate Income Tax Returns	
Paper Original	5 years after calendar year received and processed
Electronic	6 years after calendar month processed
Microfilm	20 years after calendar year received and processed
Transaction Privilege Tax, Use and Severance Tax Returns	
Paper Original	6 years after calendar month closed
Electronic	6 years after date files processed
Withholding Tax Returns	
Paper Original	5 years after calendar month closed

### 5 and 6 - Current or Mailing Address

Fill in your current address. (When requesting transaction privilege, withholding, or corporate income tax documents, fill in the business address.)

If different from your current address, enter the address to which the department should mail the copies. (If same as current address, leave blank.)

### 7 - Signature

Sign and date your request. We will not process your request if you do not sign this form. If you are requesting a transaction privilege, withholding, or corporate income tax document, please fill in your title. We will not process your request if you do not indicate your title.

### 8 - Fees

There is a fee for copies. The fee is \$5.00 per tax period for uncertified copies and \$7.00 per tax period for certified copies. Check the appropriate box for the type of copies you are requesting. Full payment must be included with your request before the request can be completed. You may pay by check or money order. Your canceled check is your receipt. Please allow 10 days for processing.

#### Uncertified vs. Certified:

Certification is confirmation that the copied tax documents are true and correct. We will certify your copy by stamping the requested tax documents. Certification is usually required only for judicial or administrative proceedings.

## How to File

Mail your completed form to:  
 Arizona Department of Revenue  
 Copy Desk  
 P O Box 29216  
 Phoenix, AZ 85038-9216