

**ARIZONA FORM  
450**

**Request for Certified Copies of 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:**
- **FEE** is \$1.00 for front page (per period), 10¢ for each additional page.
  - **Check or money order only.** Your canceled check is your receipt.
  - **Mail completed form to:**  
 Arizona Department of Revenue  
**Copy Desk**  
 1600 West Monroe  
 Phoenix, AZ, 85007-2650
  - **Please allow thirty (30) days for processing.**

**DEPARTMENT OF REVENUE USE ONLY**

DOCUMENT NUMBER(S)

Serial Number: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Billed: \_\_\_\_\_

Comments: \_\_\_\_\_