

**ARIZONA FORM  
450**

**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 form to:**  
Arizona Department of Revenue  
**Copy Desk**  
1600 West Monroe  
Phoenix, AZ, 85007-2650

**3) 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/Refunded: \_\_\_\_\_

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