

FORM 4506
REQUEST FOR COPY OF TAX FORM OR INDIVIDUAL INCOME TAX ACCOUNT INFORMATION
(OMB Clearance Number 1545-0429)

1. NAME OF TAXPAYER AS SHOWN ON TAX FORM _____
2. CURRENT NAME AND ADDRESS _____

3. IF INFORMATION IS TO BE MAILED TO SOMEONE ELSE, SHOW THE THIRD PARTY'S NAME AND ADDRESS _____

4. IF NAME IN THIRD PARTY'S RECORDS DIFFERS FROM ITEM 1 ABOVE, SHOW HERE (See instructions for item 3) _____

5. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER AS SHOWN ON TAX FORM _____
6. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER AS SHOWN ON TAX FORM
Spouse's Name _____
Spouse's SS No. _____
7. TAX FORM NUMBER (Form 1041, 941, etc.) _____
8. TAX PERIOD(s) (No more than 4 per request) _____
9. AMOUNT DUE (Make check payable to IRS) \$ _____
NOTE: Full payment must accompany your request
10. DESCRIBE WHAT YOU WANT (Check only one box)
\$5.00 each ☐ Copy of tax return and all attachments (including Forms W-2)
☐ NOTE: If you need these copies certified for court or administrative proceedings, check here also
\$2.50 each ☐ Tax account information only (Do not use for income averaging)
\$2.50 each ☐ Form 1040A or Form 1040EZ verification only.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We ask for this information to carry out the Internal Revenue laws of the United States. We need the information to gain access to your return in our files and properly respond to your request. If you do not furnish the information, we may not be able to fill your request.

Name _____ Signature _____
Date _____ Telephone _____