

**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: _____