



MAIL TO:
 Georgia Department of Revenue
 1800 Century Blvd. NE, Suite L300
 Atlanta, GA 30345

TAXPAYER RETURN REQUEST FORM

GENERAL INSTRUCTIONS

- Use this form to request copies of GA returns. *Contact the IRS for federal returns.*
- In order to locate the proper return, please provide the taxpayers' name, address, and identifying numbers as they appeared on the return.
- Prepare a separate request for each type of tax return.
- If you are not the taxpayer, please enclose a copy of the Disclosure Authorization (Form RD-1062) or a signed Power of Attorney (Form RD-1061) to receive the requested information.
- Please allow 15 business days to process your request.

TAXPAYER INFORMATION

Primary Taxpayer Name or Name of Business:	Spouse Name (if applicable):		
SSN	Spouse SSN (if applicable)		
Tax ID			
Mailing Address on Return:	City	State	Zip
Current Mailing Address (if different from above):	City	State	Zip
Daytime Telephone Number	Name of Contact Person (if applicable)		

RETURN TAX YEAR(s): _____

Check Tax Type: Individual Sales and use tax Withholding Corporate

FEES: **\$5.00 Each** Paper Filed Tax Return and all Attachments
 \$4.00 Each Electronic Filed Tax Return

Amount Due: Number of Returns Requested _____ x Number of Copies \$ _____ = \$ _____

Check, Money Order, or Cashier's Check made payable to **Georgia Department of Revenue. PLEASE DO NOT MAIL CASH**

Note: Full Payment Must Accompany the Return Request.

DECLARATION:

I hereby declare, under penalties of perjury, that I have examined this request and, to the best of my knowledge and belief, it is true, correct and complete. If you are being represented by an attorney, accountant, or other third party, a properly executed Disclosure Authorization (Form RD-1062) or Power of Attorney (Form RD-1061) authorizing the representative to act for the taxpayer must be included with this form.

Taxpayer's Signature and Date	Spouse's Signature and Date (if applicable)		
Representative's Name	Title (if applicable)		
Representative's Signature	Date		