



# Request for Copy of Filed Tax Return

Read the instructions on back before completing this form.

Do **not** use this form to request assessment or account information.

Name of taxpayer(s) as shown on the return		Current name (if different from name shown on the return)
Street address as shown on the return		Current street address (if different from that shown on the return)
City, state, and ZIP code as shown on the return		Current city, state, and ZIP code (if different from that shown on the return)
Primary social security number shown on the return	Joint taxpayer's social security number	Employer identification number shown on the return
If taxpayer deceased, list date of death	Sales tax <i>Certificate of Authority</i> number	Vehicle identification number (if checking box 10 below)

**Tax type** — Mark an **X** in the appropriate box(es):

- 1.  Personal income
- 2.  Corporation
- 3.  Sales and use
- 4.  Withholding/wage reporting
- 5.  Real estate transfer
- 6.  Petroleum business
- 7.  Estate, gift, and Generation-skipping transfer tax
- 8.  Truck mileage/fuel use
- 9.  Other - specify \_\_\_\_\_
- 10.  Mark an **X** in this box and fill in the vehicle identification number above, if requesting a copy of Form DTF-802, *Statement of Transaction - Sale or Gift of Motor Vehicle, Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile* or Form DTF-803, *Claim for Sales and Use Tax Exemption - Title/Registration Motor Vehicle, Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile*.

Form number	Form title	Tax year or period requested

Reason for request: \_\_\_\_\_

Enclose a check or money order payable to **Commissioner of Taxation and Finance**. This fee covers the cost of photocopying each page of the return at a rate of twenty-five cents (\$.25) per page (see instructions).

Amount enclosed	
\$	

<b>Please Sign Here</b>	Signature	Date	Telephone number (   )
	Title (see instructions)		Best time to call

**Important:** Your signature **must** match the signature on the return(s) requested.

See instructions on back.



## Instructions

### Requesting a copy of a tax return you filed

Use this form only to request a copy of a tax return that you filed. If you are requesting copies of assessments or correspondence or need an explanation of an assessment, send your request to the Tax Department unit that issued the assessment or correspondence.

We need the information on the front of this form to gain access to your tax return(s) in our files and to properly respond to your request. If you do not furnish the information, we may not be able to fulfill your request.

Enter the reason for your request. For example, if you need income verification for New York City housing, enter **NYC housing**.

Enclose a check or money order payable to **Commissioner of Taxation and Finance**. This fee covers the cost of photocopying each page of the return at a rate of twenty-five cents (\$.25) per page. If you do not know the exact number of pages, the amount for a close estimate is acceptable.

Allow at least 60 days for delivery. To avoid delays, be sure to furnish all the information requested. (You must allow at least eight weeks after a tax return is filed before requesting copies.)

Copies of jointly filed returns can be sent to either taxpayer, and only one signature is required.

For a corporation, the signature of the president, secretary, or other principal officer is required. The corporate seal must be placed on the request.

Be sure to sign your request for copy exactly as you signed the original tax form.

Mail your completed request to: NYS TAX DEPARTMENT  
PHOTOCOPY UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

### Requesting copies on a taxpayer's behalf

If you are **not** the taxpayer shown on the return, you must submit a notarized authorization from that taxpayer. The authorization must specifically state what tax form(s) and tax period(s) are covered. If the taxpayer is unable to sign, you must submit a power of attorney, power of appointment, or other evidence to establish that you are authorized to act on behalf of the taxpayer or are authorized to receive that taxpayer's tax documents.

Mail your completed request to: NYS TAX DEPARTMENT  
DISCLOSURE UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

### Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



**Fax-on-demand forms:** Forms are  
available 24 hours a day,  
7 days a week. 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to  
5:00 P.M. (eastern time), Monday through Friday.  
To order forms and publications: 1 800 462-8100  
**Business Tax** Information Center: 1 800 972-1233  
**Personal Income Tax** Information Center: 1 800 225-5829  
From areas outside the U.S. and  
outside Canada: (518) 485-6800



#### Hotline for the hearing and speech impaired:

If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

