

**VIRGINIA DEPARTMENT OF TAXATION
REQUEST FOR COPY OF TAX RETURN**

**All fields are required. Complete form legibly or we may not be able to process your request.
You may request copies up to five years back. Request may take up to 30 days to process.**

COMPLETE THIS SECTION TO REQUEST COPIES OF INDIVIDUAL INCOME TAX RETURNS

Taxpayer's name as shown on tax return _____	Social Security Number _____	Birth Date (mm/dd/yyyy) _____
If joint return filed, spouse's name as shown on tax return _____	Social Security Number _____	Birth Date (mm/dd/yyyy) _____
Address as shown on last tax return filed Address Line 1 _____ Address Line 2 _____ City, State Zip _____	Mailing Address (if different) Address Line 1 _____ Address Line 2 _____ City, State Zip _____	
Tax Years Requested _____		
Reason for Request _____ _____		

Signature of Requestor. I declare that I am either the primary taxpayer, spouse, court appointed representative, or power of attorney and I am authorized to request this information. Documentation or power of attorney forms are required attachments for court appointed representatives or powers of attorney. The Form PAR 101 does not authorize copies of tax returns.

Print name	Date	Phone Number
Signature	Relationship to Taxpayer	

COMPLETE THIS SECTION TO REQUEST COPIES OF BUSINESS TAX RETURNS

Legal Name of Business Entity _____	Federal Employer Identification Number (9 digits) _____
Sole Proprietor's Name (if applicable) _____	Sole Proprietor's Social Security Number _____
Address as shown on last tax return filed Address Line 1 _____ Address Line 2 _____ City, State Zip _____	Mailing Address (if different) Address Line 1 _____ Address Line 2 _____ City, State Zip _____

Request tax return copies for Sales tax, Employer Withholding tax, Corporation Income tax or other business taxes. Attach additional sheets as necessary to indicate multiple tax types and/or tax periods.

Tax Type Requested _____	
Tax Periods Requested _____	
Reason for Request _____	

Signature of Requestor. I declare that I am the owner, officer or power of attorney of this business and I am authorized to request this information. Power of attorney forms are required attachments. The Form PAR 101 does not authorize copies of tax returns.

Print name	Date	Phone Number
Signature	Title	

MAIL COMPLETED FORM TO P.O. BOX 1317, RICHMOND, VA 23218-1317