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| Department Use Only | |
| Processed By | |
| Section | |
| Date Processed (MM/DD/YY) | |

Request For Copy of Tax Returns

(See Instruction Sheet For Important Information)

| | | | | | |
|---|--------------------------|-------------------------------|-------------------|-----------------------|-----|
| Last Name or Business Name | | First Name | | Middle Initial | |
| Address | | | City | State | Zip |
| In Accordance With The Provisions of C.R.S. 39-21-113, I Hereby Request That The Department of Revenue Prepare: | | | | | |
| <input type="checkbox"/> A Copy of: (For Personal or Non-Legal Use) <input type="checkbox"/> A Certified Copy of: (If Required for Legal Use or Medical Marijuana Red Card) <input type="checkbox"/> Proof of Filing Return for Identity Application: | Tax Return (Form Number) | For Tax Period Beginning | Tax Period Ending | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> A Copy of a Cashed Refund Check | | Refund Amount | For Tax Year | | |
| Taxpayer Last Name | | First Name | | Middle Initial | |
| Current Address | | | City | State | Zip |
| Social Security or Account Number(s) | | | Phone Number | | |
| Signature and Notarization Required To Process Request | | | | | |
| I declare under the Penalty of perjury in the second degree that I subscribed and filed said tax return(s) either for myself or for the taxpayer named above as an officer of the company or an authorized representative thereof and that the signature which appears on the tax return and the one that appears below are both my signatures. | | | | | |
| Signature of Requester | | Spouse's Signature (if joint) | | Date (MM/DD/YY) | |
| Subscribed and sworn to or affirmed before me this ____ Day of _____, 20____ In the County of _____ State of _____. | | | | | |
| Signature of Notary | | | | My Commission Expires | |
| SEAL | | | | | |

Please do not remit any payment with this request. The first 10 pages will be provided free of charge. Subsequent pages cost \$0.25 per page. If payment is required you will be notified prior to your request being processed.

Request For Copy Instructions

1. This form must be filled out accurately and completely. It must also be notarized. For security purposes, the Colorado Department of Revenue does everything it can to keep taxpayer information confidential. These precautions are necessary to ensure against potential identity theft. The Tax Files Office cannot accept requests for copies by fax because original signatures of both the requester and the notary are required for security purposes.
Mail the completed form to:
Colorado Department of Revenue
Tax Files - Room 136
P.O. Box 17087
Denver, CO 80217-0087
2. The Colorado Department of Revenue retains copies of tax returns for nine years plus the first six months of the calendar year. For example, a 2012 document is available until June 30, 2022. This copy retention schedule is established by the Colorado Attorney General, the State Archivist and the State Auditor. If you have questions, you may call the Tax Files Office at (303) 866-5407 or (303) 866-3329.
3. Be specific when entering the tax period of the return(s). For example, if you want copies of your returns for the tax years 2005 through 2010, enter January 2005 in the Beginning column and December 2010 in the Ending column. Do not complete a separate form for each year you are requesting.
4. To request a copy of a return(s) for another taxpayer, a written authorization (a Power of Attorney or, if applicable, a copy of a death certificate) will be required before we can release the information. The individual's signature on the front of this form is also acceptable.
5. It will take from seven to ten days to receive your copies. If your request results in more than 10 pages, you will be notified of the total cost. Copies will not be released until we receive payment.
6. Please call us at 303-866-3329 or 303-866-5407 if you have any questions. **We do not maintain federal records. To obtain federal returns or information, contact the Internal Revenue Service.**

Common Requests:

| Form Title | Form Number |
|------------------------------|-------------|
| Individual Income Tax Return | DR 0104 |
| Retail Sales Tax Return | DR 0100 |

If there is a cost for copies you will be notified before your request will be processed.