

FORM 129 REQUEST FOR COPY OF TAX FORM

PRINT name and address of taxpayer(s) as shown on the tax form for the requested year(s):		Check here if you are requesting W2's only: <input type="checkbox"/>	
		Tax year(s) requested:	
PRINT current address, if different from above:		Taxpayer's Social Security number as shown on tax form:	
		Spouse's Social Security number as shown on tax form:	
Mail copies to:		Check here if you are requesting certified copies: <input type="checkbox"/>	
		Release copies to another party:	
Requester's telephone number:	Signature of taxpayer	Signature of spouse	Date

OFFICE USE ONLY			
Tax year(s)		Account number(s)	
		Taxpayer's signature(s) verified by:	
		Photocopied by:	Reviewed by:
Researcher's initials		Date	
		Date Copies released	

Fax to: Taxpayer Service Section
Central Files
Phone: 410-260-7951
Fax: 410-974-2967

Mail to: Comptroller of Maryland
Revenue Administration Division
Taxpayer Service Section
110 Carroll Street
Annapolis MD 21411