DR 5714 (08/28/15)
COLORADO DEPARTMENT OF REVENUE
Tax Files - Room 338

P.O. Box 17087 Denver, CO 80217-0087

Request For Copy of Tax Returns (See Instruction Sheet For Important Information)

MAIL COPIES TO:

Name								
Name				Department Use Only				
Address				Processed By				
				Section				
City/State/ZIP								
			· · · · · · · · · · · · · · · · · · ·	Date Processed	(MM/DD/YY)			
In Accordance With The Provisions	of C.R.S. 39-21-113	B I Hereby Re	eguest That T	l he Department	of Reve	nue F	Prepare:	
			For Tax Period					
☐ A Copy of:	Tax Return (Form Number)		Beginning		Tax Period Ending			
(For Personal or Non-Legal Use)								
☐ A Certified Copy of: (If Required for Legal Use or Medical Marijuana Red Card)								
☐ Proof of Filing Return for DL, ID or Permit (CO-RCSA SB251)								
☐ A Copy of a Cashed Refund (Refund Amoun	t	For Tax	k Year				
Taxpayer Last Name		First Name					Middle Initial	
Current Address			City		State	Zip		
Social Security, Account Number or ITIN Number			Phone Number					
Signat	ture and Notarizat	ion Required	d To Process	Request				
I declare under the Penalty of perjury for the taxpayer named above as an which appears on the tax return and	officer of the comp the one that appear	any or an aut ars below are	thorized repressions both my signates	sentative there				
Signature of Requester	Spouse'	s Signature (if jo	int)		Date (N	1M/DD/Y	(Y)	
	ore me thisDa	y of		,2	201	n the	County of	
Signature of Notary				M	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

 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:

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 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.

- 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.
- 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 303-866-5407 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.