

**REQUEST FOR COPY OF TAX RETURN**

1. PRINT name and address of taxpayer(s) as shown on the tax form for the requested year(s)		1a. Check here if you are requesting W2's only <input type="checkbox"/>	
		1b. Tax year(s) requested	
2. PRINT current address, if different from above		2a. Taxpayer's Social Security number as shown on the tax form	
		2b. Spouse's Social Security number as shown on the tax form	
3. Mail copies to			
Requester's telephone number	Signature of taxpayer/or Requester	Signature of spouse	Date

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned taxpayer(s),

\_\_\_\_\_ ,  
personally appeared known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

[SEAL]

Phone: 410-260-7951

Mail to: Comptroller of Maryland  
Revenue Administration Division  
Central Files  
110 Carroll Street  
Annapolis MD 21411

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	