

Form VA-1**VIRGINIA DEPARTMENT OF TAXATION
REQUEST FOR COPY OF TAX RETURN**

**There is a \$5 fee for each tax return requested. Full payment must be enclosed with your request.
All fields are required. Complete form legibly or we may not be able to process your request.
You may request copies up to five tax periods 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 Code _____	Mailing Address (if different) ☐ Change of Address Address Line 1 _____ Address Line 2 _____ City, State, ZIP Code _____	
Tax Periods Requested _____		

COMPLETE THIS SECTION TO REQUEST COPIES OF BUSINESS TAX RETURNS

Legal Name of Business	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 Code _____	Mailing Address (if different) ☐ Change of Address Address Line 1 _____ Address Line 2 _____ City, State, ZIP Code _____
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 Types Requested _____	
Tax Periods Requested _____	

SIGNATURE OF AUTHORIZED REQUESTOR

For copies of individual income tax returns, I declare I am the primary taxpayer, spouse, court appointed representative, or power of attorney. For copies of business tax returns, I declare I am the owner, officer or power of attorney for this business.

Check if: ☐ Court appointed representative. Attach appointment papers.
☐ Power of attorney (POA). Attach POA documentation. Form PAR 101 does not authorize the release of tax return copies.

Print name_____
Date_____
Phone Number_____
Signature_____
Title_____
Reason for request:**Total Returns Requested** _____**X \$5.00 = \$** _____

DO NOT SEND CASH
*Make check or money order payable to
Virginia Department of Taxation*

MAIL COMPLETED FORM AND CHECK OR MONEY ORDER TO P.O. BOX 1317, RICHMOND, VA 23218-1317***For Office Use Only:***