DR 5714 (05/20/16)
COLORADO DEPARTMENT OF REVENUE
Tax Files - Room B112

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					
City/State/ZIP					Section				
- <b>v</b>					Date Processed (MM/DD/YY)				
				Date 1 10cc33c	G (WIW/L	(וועכ			
In Accordance With The Provisions	of C.R.S. 39-21-113	B, I Hereby Re	equest That Ti	he Departme	nt of I	Reveni	ue F	orepare:	
	Tax Return (Form Number)		For Tax Period Beginning			Tax Period Ending			
☐ A Copy of:									
(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 `	Year				
Taxpayer Last Name		First Name						Middle Initial	
Current Address		1	City			State	Zip		
Social Security, Account Number or ITIN Number			Phone Number						
Signa	ture and Notarizat	ion Required	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	horized repres both my signa	sentative ther	reof a	nd that	t the	e signature	
Signature of Requester	Spouse's	s Signature (if jo	int)		1	Date (MM	1/DD/\	(Y)	
	fore me thisDa	y of			,20			County 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, email or photocopies, 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 B112 P.O. Box 17087 Denver, CO 80217-0087

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 2014 document
is available until June 30, 2024. 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 2009 through 2012, enter January 2009 in the Beginning column and December 2012 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.