NEBRASKA
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DEPARTMENT OF REVENUE

Nebraska Tax Return Copy Request

FORM

23

Name and Address of Taxpayer				Authorized Mailing Address for Tax Return			
Name			Name Street or Other Mailing Address				
Street or Other Mailing Address							
City	State	Zip Code	City		State	Zip Code	
Email Address	Social	Social Security Number			Nebraska ID Number		
Type of Tax Return	Tax Pe	Tax Period or Taxable Year Beginning					
	tify that I authorize the release of t e above address.	he tax return specified	d above, the inf	ormation contain	ed in the return, and the mailin	ng of this	
sign here Signature of Taxpayer or Authorized Representative Tit				Date	Email Address	Phone Number	
Department of F	Revenue Authorized Signature		tle		Date	Phone Number	

Instructions

Who Must File. A taxpayer or authorized representative must complete Form 23 to obtain a copy or transcript of any tax return filed with the Nebraska Department of Revenue (DOR). Taxpayers who request copies of e-filed tax returns will be provided a transcript of the tax return information. Taxpayers who use the NebFile for Business program can print a copy of the filed returns by accessing the e-file system.

Type of Tax Return. Enter the return number or the name of the tax program, e.g., Form 1040N.

An authorized representative must have a <u>power of attorney</u> on file with DOR before requesting taxpayer information. A person who signs a tax return as preparer may request a copy of the return because this person is considered to have a power of attorney limited to the information contained on the return.

Authorized Mailing Address. Only complete the authorized mailing address section if the copy of the original tax returns requested should be mailed to an address different than that of the taxpayer.