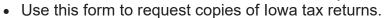




Instructions

• This form is also available to file electronically on GovConnectIowa.



- Submit a separate request for each tax type.
- The Department may be unable to provide copies of tax returns more than three years old. We will provide a copy of a return and any supporting schedules attached to the return on which entries were made. We will not copy a page containing only instructions.
- Incomplete requests or those without payment will be returned.
- If you are not the taxpayer or do not have approved third party authorization on file with the Department, enclose proof of authorization to receive a copy of the return(s) requested. Submit either:
 - o IA 2848 Iowa Department of Revenue Power of Attorney (14-101)
 - o IA 8821 Iowa Tax Information Disclosure Designation (14-104)
 - o Representative Certification (14-108)

Des Moines, IA 50306-0413

95-504 (07/07/2025)

Contact the IRS for copies of federal returns at IRS.gov or 800-829-1040.

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For returns filed electronically Name(s) as shown on the ret	_							and prir	nt retu	ırns.
Address as shown on return:										
Your name if different from ab										
Mailing address for copy(s):	Addres	ss:								
	City: _	y:				_ State: ZIP:				
Copies of returns requested Provide the Social Security individual income or a Federa	d Number	(SSN) or	Individual	Тахр	ayer Id	entificat	tion Nu	umber	(ITIN	
SSN/ITIN or FEIN:	Tax					x type:				
Tax period(s) ending (MM/DD)/YY):									
/	/	/		_/_	/			_/	_/_	
Fee is \$5 for each year of tax										
Do not send cash. Make che	eck paya	able to low	a Departm	ent of	Revenu	ıe.				
Payment must accompany the convert your check to a one-t					eck, you	author	ize the	e Depa	artmei	nt to
I, the undersigned, declare ur form, and, to the best of my k authorized to act on behalf of	nowledg	e and beli	ef, it is true	e, corre	ect, and	comple	ete. I d			
Signature must be signed by signatures are not accepted.	hand or	via a digita	al signatur	e with	a digita	certific	ate. St	amped	d or ty	ped
Signature of taxpayer or auth	orized re	equestor: _								
Date:										
Mail completed form, check ATTN Request for Copy Iowa Department of Reven PO Box 10413	k, and pi									