IOWA
Department of Revenue

# IA 4506 Request for Copy of Tax Return

revenue.iowa.gov

## Instructions

- This form is also available to file electronically on GovConnectIowa.
- Use this form to request copies of Iowa tax returns.
- 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:
  - IA 2848 Iowa Department of Revenue Power of Attorney (14-101)
  - IA 8821 Iowa Tax Information Disclosure Designation (14-104)
  - Representative Certification (14-108)
- Contact the IRS for copies of federal returns at IRS.gov or 800-829-1040.

For returns filed electronically using GovConnectIowa, log in to your account to view and print returns.

Name(s) as shown on the return: _____

Address as shown on return: _____

Your name if different from above: _____

Mailing address for copy(s): Address: _____

City: _____ State: _____ ZIP: _____

## Copies of returns requested

Provide the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) for individual income or a Federal Employer Identification Number (FEIN) for other income taxes.

SSN/ITIN or FEIN: _____ Tax type: _____

Tax period(s) ending (MM/DD/YY):

____/____ / ____ ___ / ____/_____ ____/ ___ / ____ ____/____ / ____

Fee is $5 for each year of tax returns requested. Number of years requested: ___ x $5 = $ _____ .00

**Do not send cash**. Make check payable to Iowa Department of Revenue.

Payment must accompany this request. When you pay by check, you authorize the Department to convert your check to a one-time electronic banking transaction.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete.

**Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.**

Signature of taxpayer or authorized requestor: _____

Date: _____ Phone: _____

**Mail completed form, check, and proof of authorization, if required, to:**

ATTN Request for Copy
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413



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