

Request For Copy of Tax Returns (See Instruction Sheet For Important Information)

MAIL COPIES TO:

Name _____

Address _____

City/State/ZIP _____

| Department Use Only |
|---------------------------------|
| Processed By _____ |
| Section _____ |
| Date Processed (MM/DD/YY) _____ |

In Accordance With The Provisions of C.R.S. 39-21-113, I Hereby Request That The Department of Revenue Prepare:

| | Tax Return (Form Number) | For Tax Period Beginning | Tax Period Ending |
|---|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> A Copy of: (For Personal or Non-Legal Use) | | | |
| <input type="checkbox"/> A Certified Copy of: (If Required for Legal Use or Medical Marijuana registry fee and/or tax-exempt waiver) | | | |
| <input type="checkbox"/> Proof of Filing Return for DL, ID or Permit (CO-RCSA SB251) | | | |

| | | |
|---|--------------------|-----------------------|
| <input type="checkbox"/> A Copy of a Cashed Refund Check | Refund Amount | For Tax Year |
| Taxpayer Last Name _____ | First Name _____ | Middle Initial _____ |
| Current Address _____ | City _____ | State _____ ZIP _____ |
| Social Security, Account Number or ITIN Number _____ | Phone Number _____ | |

Signature and Notarization Required To Process Request

I declare under the Penalty of perjury in the second degree that I subscribed and filed said tax return(s) either for myself or for the taxpayer named above as an officer of the company or an authorized representative thereof and that the signature which appears on the tax return and the one that appears below are both my signatures.

| | | |
|------------------------------|-------------------------------------|-----------------------|
| Signature of Requester _____ | Spouse's Signature (if joint) _____ | Date (MM/DD/YY) _____ |
|------------------------------|-------------------------------------|-----------------------|

Subscribed and sworn to or affirmed before me this _____ Day of _____, 20____ In the County of _____ State of _____.

| | |
|---------------------------|-----------------------------|
| Signature of Notary _____ | My Commission Expires _____ |
|---------------------------|-----------------------------|

SEAL

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
2. 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.
3. 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.
5. 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.