



Request for Copy of Tax Return

This form is used to request a copy of any tax return filed with the Florida Department of Revenue.

Section 1: Taxpayer Information

Taxpayer Name:		
Florida Tax Registration Number:	Federal Employers Identification Number (FEIN):	Social Security Number (SSN)*:
Street or Mailing Address:		
City:	State:	ZIP:
Email Address:	Telephone Number:	Fax Number:

Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative will be receiving the records requested. A signed Power of Attorney and Declaration of Representative (Form DR-835) must be attached.

Representative Name:		
Street or Mailing Address:		
City:	State:	ZIP:
Email Address:	Telephone Number:	Fax Number:

Section 3: Return(s) Requested

Tax Return Type: (select all that apply)		
<input type="checkbox"/> Amusement Machine Certificate Fee	From:	To:
<input type="checkbox"/> Communications Services Tax	From:	To:
<input type="checkbox"/> Corporate Income Tax	From:	To:
<input type="checkbox"/> Documentary Stamp Tax	From:	To:
<input type="checkbox"/> Estate Tax	Date of Death:	Decedent's SSN*:
<input type="checkbox"/> Florida Business Tax Application	From:	To:
<input type="checkbox"/> Fuel Tax	From:	To:
<input type="checkbox"/> Government Leasehold (Intangible) Tax	From:	To:
<input type="checkbox"/> Gross Receipts Tax on Dry Cleaning	From:	To:
<input type="checkbox"/> Gross Receipts Tax on Utility Services	From:	To:
<input type="checkbox"/> Insurance Premium Taxes and Fees	From:	To:
<input type="checkbox"/> Miami-Dade Lake Belt Mitigation Fees	From:	To:
<input type="checkbox"/> Motor Vehicle Warranty Fee	From:	To:
<input type="checkbox"/> Oil Production Tax	From:	To:
<input type="checkbox"/> Pollutants Tax	From:	To:
<input type="checkbox"/> Reemployment Tax (formerly Unemployment Tax)	From:	To:
<input type="checkbox"/> Rental Car Surcharge	From:	To:
<input type="checkbox"/> Sales and Use Tax	From:	To:
<input type="checkbox"/> Solid Minerals Severance Tax	From:	To:
<input type="checkbox"/> Solid Waste Fees (Tires/Batteries)	From:	To:

Additional Information on Return(s) Requested:

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Section 4: Delivery - Indicate whether the tax return(s) is to be delivered to the taxpayer or to the taxpayer's representative. Select only one method of delivery. If you select email, select whether to receive the email using a secure email system or through an unsecure email system.

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Recipient of Tax Return(s):

Method to Provide Tax Return(s):

- ☐ I authorize the Department to send the requested tax return(s) using the Florida Department of Revenue's secure email. I understand that this method requires additional steps to view the tax return(s) provided.
- ☐ I authorize the Department to send the requested tax return(s) using an unsecure email to the address indicated. I acknowledge that the tax return(s) may be viewed by someone other than the taxpayer or taxpayer representative indicated.

Authorization and Signature

- ☐ I authorize the release and delivery, as indicated in this request, of the confidential information contained in the above-described tax return(s).

Taxpayer Signature

Date

OR

Representative Signature

Date

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at www.myflorida.com/dor and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Request for Copy of Tax Return Instructions

This form is used to request a copy of any tax return filed with the Florida Department of Revenue.

General Instructions

Your privacy is important to the Department. To protect your privacy, access to personal information about you is limited to individuals authorized by law to have access to that information. To ensure that information is not provided without your consent, a written request from you is required before the Department will provide tax returns to anyone.

Section 1 - Taxpayer Information

To protect the privacy of your business information, the information entered in this section must be the same as the taxpayer information maintained by the Department.

Section 2 - Taxpayer Representative

Complete this section only if the tax return(s) requested will be provided to an authorized representative. You must attach a completed and signed Form DR-835, *Power of Attorney and Declaration of Representative*, authorizing the representative to receive the tax return(s).

Section 3 - Return(s) Requested

Indicate the tax return(s) and the filing period(s) that you need.

Section 4 - Delivery

Indicate the method by which you wish to receive the tax return(s) - email, fax, or mail. If you indicate email, unless you authorize the Department to send your tax return(s) using an unsecure email, the Department will send the requested return(s) using its secure email software. This software will require additional steps before you can access your return(s). If you choose to receive the tax return(s) by unsecure email, they will be sent to the email address that you provided. ***Remember that unsecure emails may be accessed or viewed by someone other than the intended recipient.***

Authorization/Signature

You must sign this request if you are the taxpayer requesting the tax return(s) or if you are authorized by the taxpayer to receive the taxpayer's tax return(s). ***The Department cannot process your request without your signature or without you authorizing the release of the tax information contained in the requested tax return(s).***

Fax or mail this request to the address below. If the requested return(s) will be delivered to an authorized representative, include a completed and signed Power of Attorney.

**Records Management, MS 1-5730
Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee FL 32399-0158**

Fax: 850-922-5936 or 850-922-0861

If you have questions or need assistance completing this form, call us at 800-352-3671.