



Request for Copy of Tax Return

ACCOUNT INFORMATION

Taxpayer Identification Number:

Social Security number

Spouse's Social Security number if a joint return

Federal Identification Number

Name(s) and address shown on tax return:

Current address if different from above:

TYPE OF RETURN REQUESTED

CCA INDIVIDUAL CITY TAX FORM
ALL ATTACHMENTS AS ORIGINALLY SUBMITTED WITH THE RETURN INCLUDING FORMS W2 AND SCHEDULES.

CCA NET PROFIT TAX RETURN
ALL ATTACHMENTS AS ORIGINALLY SUBMITTED WITH THE RETURN

OTHER
SPECIFIC SCHEDULE, ITEM OR PAGE; I.E. SCH E, SPOUSE'S W-2 FORM , 1120

YEAR OR PERIOD REQUESTED

Enter the ending date of the year or period, using the *mm/dd/yyyy* format.
If you are requesting more than five years or periods, attach another form. ____/____/____

____/____/____ ____/____/____ ____/____/____ ____/____/____

SIGNATURE

I declare that I am either the taxpayer whose name is shown on the return, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this request on behalf of the taxpayer.

TAXPAYER SIGNATURE

DATE

TITLE IF CORPORATION, PARTNERSHIP, ESTATE OR TRUST

TELEPHONE NUMBER