Part 1	ACCOUNT INFORMATION	
1. Name s	hown on tax return, if joint return, enter the name shown first.	First social security number on tax return or employer identification number
2. If a join	t return, enter spouse's name shown on tax return	2a. Second social security number if joint tax return
3. Current	address (number, street, city or town, state and zip code)	
Part 2	TYPE OF RETURN REQUESTED	
4. Tax retu	urn requested:	
L IF	RITY OF COLUMBUS (Form BR-21J, BR-25J, IR-18J, IR-21J, R-25J etc.) and all attachments as originally submitted with the return including Form(s) W-2, schedules or amended returns	
The City does not have Federal returns for all taxpayers. The City has only Federal returns that were obtained from the I.R.S. in the course of an audit of your City information or that you provided directly to our office.		
	riginally submitted with the return including Form(s) W-2, chedules or amended returns	
5. 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 four years or periods, you must attach another Form IT-8J.		
	2.2	
Part 3	SIGNATURE	
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on Line 1 or Line 2, 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 Form IT-8J on behalf of the taxpayer.		
	Signature Date	Telephone Number
Oi		1
Sign Here	Spouse's Signature	Date
		I
	Title (if Line 4 above is a corporation, partnership, estate or trust)	Date

Mail to:

Columbus Income Tax Division

PO Box 183190

Columbus, Ohio 43218-3190 Fax: (614) 724-2608

Rev. 2/1/18