ETT-8 City of Columbus, Income Tax Division Request for Copy of Tax Return

Part 1 ACCOUNT INFORMATION		
1. Name sl	nown 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 joint	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 re	eturn requested:	
L IR	TY OF COLUMBUS (Form BR-21, BR-25, IR-18, IR-21, -25 etc.) and all attachments as originally submitted with the return cluding Form(s) W-2, schedules, or amended returns	
	y does not have Federal returns for all taxpayers. The City hat the course of an audit of your City information or that you p	
☐ or	EDERAL (Form 1040, 1120, 941 etc.) and all attachments as iginally submitted with the return including Form(s) W-2, whedules or amended returns	
En	or Period Requested. ter the ending date of the year or period, using the mm/dd/yyyy foriods, you must attach another Form IT-8.	rmat. If you are requesting more than four years or
	-	
Part 3	SIGNATURE	
authorized If signed I	e of taxpayer(s). I declare that I am either the taxpayer what to obtain the tax return requested. If the request applies by a corporate officer, partner, guardian, tax matters partner the taxpayer, I certify that I have the authority to execute I	to a joint return, either husband or wife must sign. er, executor, receiver, administrator, trustee, or party
•	Signature Date	Telephone Number
	g Date	1
Sign Here	Spouse's Signature	Date
11010	Spoudo d'Orginataro	1
	Title (if Line 4 above is a corporation, partnership, estate or trust)	Date

Mail to: Columbus Income Tax Division PO Box 182437

Columbus, Ohio 43218-2437

Fax: 614-724-2608