Form **IT-8** City of Columbus, Income Tax Division

Request for Copy of Tax Return

Part 1 ACCOUNT INFORMATION

1. Name shown on tax return, if joint return, enter the name shown first.	**1a. 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 return requested:

☐ **CITY OF COLUMBUS** (Form BR-21, BR-25, IR-18, IR-21, IR-25 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.

☐ **FEDERAL** (Form 1040, 1120, 941 etc.) and all attachments as originally submitted with the return including Form(s) W-2, schedules 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-8.

_____ _____ _____ _____

Part 3 SIGNATURE

Print Form Reset Form

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-8 on behalf of the taxpayer.

Sign Here

▶ Signature | Date | Telephone Number

▶ Spouse's Signature | Date

▶ Title (if Line 4 above is a corporation, partnership, estate or trust) | Date

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Mail to: **Columbus Income Tax Division**
PO Box 182437
Columbus, Ohio 43218-2437
Fax: 614-724-2608