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

Part 1	irt 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 return requested: CITY OF COLUMBUS (Form BR-21, BR-25, IR-18, IR-21, IR-22, 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		
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-8 on behalf of the taxpayer.		
	Signature Date	Telephone Number
Sign	Spouse's Signature	Date
Here	Title (if Line 4 above is a corporation, partnership, estate or trust)	Date