

REQUEST FOR COPY OF TAX RETURN OR OTHER RELATED INFORMATION

(Please Print)

Name shown on tax return _____

Last 4 digits of the taxpayers SSN: _____

Spouse's name shown on tax return (if applicable) _____

Last 4 digits of spouse's SSN: _____

Current address (including City, State, Zip)

Requested Information*:

- Tax Return for a specific year(s) _____.
- Tax Return for current and future years starting _____ and ending _____.
- Partial return, forms, or schedules, including _____.
- Other confidential information _____.

Delivery Method (the below methods are the only methods offered):

- Pick up at Collins & Associates – 3352 Dean Road – Lambertville, MI 48144
- Mail: Mailing address _____
- Secure File Pro: E-mail Address _____

NOTE: Secure File Pro is Collins & Associates secure file sharing website. You will receive an e-mail from us detailing how to set up and sign into your own unique account. Once signed in you will be able to download the requested documents.

.....

Signature of Taxpayer: I declare that I am the taxpayer and authorize the release of the above information. If the request applies to a joint return, **either** husband or wife may sign.

Taxpayer _____ Date _____

Spouse (if applicable) _____ Date _____

Taxpayer's Phone Number _____

** This is a service that is provided and because of the time and liability we incurred providing this service, there may be a fee charged (based on amount of data released).*