

Massachusetts Department of Revenue

Form M-4506

## **Request for Copy of Tax Form**

Name of taxpayer(s) as shown on tax form			Social Security number (as shown on tax form)	
Current name			Spouse's Social Security number (as shown on tax form)	
Present mailing address			Federal Identification number (business use only)	
City/Town	State	Zip	Tax form number or name	
If this request is being filed by someone other than the taxpayer, print name here and complete Form M-2848, Power of Attorney and Declaration of Representative			Tax year(s) or period(s)	
Mail to (fill in one only) O Taxpayer O Attorney-in-fact (from Form M-2848)			Phone number of requester	
O Third party. Name and address Note: Copies of returns will not be sent to a third party unless	ss requested by the taxpa	yer or the taxpayer	r's attorney-in-fact	
Tax type (fill in one only)	<u> </u>			
O Individual income tax O Corporate excise O Fiduci	ary 🔿 Partnership 🔿	Other:		
The disclosure of tax information is governed by MGL ch 62	C & 21(a) The release of	nersonal data to a	uthorized individuals is also governed by the Commonwealth's Fair	

The disclosure of tax information is governed by MGL ch 62C, § 21(a). The release of personal data to authorized individuals is also governed by the Commonwealth's Fair Information Practices Act (MGL ch 66A). In accordance with 950 CMR 32.06, the Department of Revenue may charge a fee for copies of tax related documents. Signature Date

## **General Instructions**

Form M-4506 should be used when requesting a copy of a tax return, schedule or other supporting document that has previously been filed with the Department of Revenue (DOR). In most cases, DOR retains copies of tax returns for six years. This form must be signed by the taxpayer who signed the return or, if signed by a third party, must be accompanied by a valid power of attorney. Please allow at least four to six weeks for delivery. To avoid any delay, be sure to furnish all information requested on this form. A photocopying fee of 20 cents per page may be imposed. If a fee is imposed, a representative of DOR will contact you. Do not send any money with this request.

Note: For faster service, personal income tax users can request a copy of the return through MassTaxConnect. Business users may be able to get a copy of the return directly through a MassTaxConnect account at mass.gov/masstaxconnect.

For **Individual income tax** requests, if your name or address is different from what was reported on previously filed tax returns, you must submit a copy of a current photo ID. If the address you are requesting we mail the copies to is not on your ID, please also send proof of address, such as a utility bill with your full name and address. Failure to submit the required identification will prevent the Department of Revenue from processing your request.

## Send requests to: Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204; (617) 887-MDOR.

## For DOR use only

Fee imposed	Amount received	Processed by	Date
\$	\$		