



Form M-4506 Request for Copy of Tax Form

1. Name of taxpayer(s) as shown on tax form _____ 2. Social Security number (as shown on tax form) _____

3. Current name _____ 4. Spouse's Social Security number (as shown on tax form) _____

5. Present mailing address (street address) _____ 6. Federal Identification number (business use only) _____

City/Town _____ State _____ Zip _____ 7. Tax form number or name (Form 1, Telefile, etc.) _____

8. 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 _____ 9. Tax year(s) or period(s) _____

10. Mail to (check one):
 Taxpayer Attorney-in-fact (from Form M-2848)
 Other. Name and address _____ 11. Telephone number of requester _____

12. Tax type (check one):
 Individual income tax Corporate excise Fiduciary Partnership Other _____

The disclosure of tax information is governed by G.L. c. 62C, sec. 21(a). The release of personal data to authorized individuals is also governed by the Commonwealth's Fair Information Practices Act (G.L. c. 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. **Generally, the Department 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.

Note: A photocopying fee of 20¢ per page may be imposed. If a fee is imposed, a representative of the Department of Revenue will contact you. Do not send any money with this request.

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

This section for DOR use only

Fee imposed _____ Amount received _____ Processed by _____ Date _____

\$ _____ \$ _____