



IL-4506 Request for Copy of Tax Return

When should I complete this form?

You should complete this form if you need a copy of your tax return and any attachment to that return. A separate Form IL-4506, Request for Copy of Tax Return, must be completed for each tax type requested. There is a \$5 charge for each copy of the return, which includes all attachments, and an additional \$5 charge if you want the document certified.

What is certification?

Certification is confirmation that the reproduction of your tax return and any attachment is true and correct. We will certify your copy by stamping the face of the return. Certification is usually required only for judicial or administrative proceedings or for attachments to another state's tax return.

What is my identification number?

Your identification number is the series of numbers you used to file your original tax document. You must use this same identification number to obtain a copy of your tax return. The most common identification numbers used are

- federal employer identification numbers (FEIN) for all business, trust, estate, and withholding tax returns;
- Social Security numbers (SSN) for individual income tax returns;
- Illinois account ID numbers for sales tax returns;
- license numbers for motor fuel, cigarette, and liquor tax returns; and
- Vehicle Identification Numbers (VIN). Attach a copy of the title if requesting vehicle tax documents.

Step 1: Provide taxpayer information

1 _____ Identification number (see above instructions) as written on tax document	3 _____ Street address as written on tax document
2 _____ Name of taxpayer as written on tax document	_____ City, state, and ZIP as written on tax document

Step 2: Provide mailing information if different than in Step 1

4 _____ Name of person to whom documents should be sent	5 _____ Mailing address where the documents should be sent
	_____ City, state, and ZIP where the documents should be sent

Step 3: Provide tax document information

6 What type of tax document are you requesting? Income _____ Withholding _____ Sales _____ Other (please specify) _____	8 What months, quarters, and years of the documents are you requesting? _____
7 What form number are you requesting? _____	9 How many copies of each do you need? _____
	10 Multiply the total documents requested on Line 8 by the number of copies requested on Line 9. _____

Step 4: Figure the amount you owe

11 Multiply the amount from Step 3, Line 10, by \$5. \$ _____ 12 Multiply the number of documents you want certified by \$5. \$ _____ <u>Note</u> If you only want certain documents certified, tell us which documents to certify. _____	13 Add Lines 11 and 12. This is the amount you owe. \$ _____ <u>Note</u> We must receive your payment, made payable to "Illinois Department of Revenue" before we can complete your request.
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Step 5: Sign below

I declare that I am either the taxpayer identified on Line 2, or a person authorized to obtain the information requested. I acknowledge that the Illinois Department of Revenue (IDOR) will release the tax information requested to a person other than the taxpayer only as authorized by law, and that IDOR has no control over that person's use of the information.

_____	_____	() _____	_____
Your signature as written on your original document	Date	Daytime phone number	Signature of witness (see note)

Note If you are not the taxpayer, please enclose a copy of your authorization to receive this information. You may submit a power of attorney, tax information authorization, or (if the taxpayer is deceased) a certified copy of your letters of administration or testamentary. If more than one year has passed since the letters were issued, you must also send a certification from the clerk of the court stating they are still in effect. If you are a corporate officer or employee who did not sign the original return and if you are asking that the copy of the return be sent to an address other than the one on the return, please have the request signed by a principal officer of the corporation. This signature must be witnessed by another officer and a corporate seal, if available, must be applied.

If you have questions, call **217 785-7701**.

Mail this form along with your check to:

RECORDS MANAGEMENT DIVISION 2-202
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19014
 SPRINGFIELD IL 62794-9014

Do not write below this line.

Processed by: _____	Date: _____
Batch number: _____	