

Department Use Only	
Processed By	
Section	
Date Processed (MM/DD/YYYY)	

Request For Copy of Tax Returns
 (See Instruction Sheet For Important Information)

Last Name or Business Name Bacon	First Name Chris	Middle Initial P
Address 999 Hormel Drive	City Denver	State Zip CO 80808

In Accordance With The Provisions of C.R.S. 39-21-113, I hereby Request That The Department of Revenue Prepare:

<input type="checkbox"/> A Copy of: (For Personal or Non-Legal Use) <input type="checkbox"/> A Certified Copy of: (If Required for Legal Use or Medical Marijuana Red Card) <input checked="" type="checkbox"/> A Certified Copy of Proof of Filing Return for DL, ID or Permit (CO-RCSA SB251)	Tax Return (Form Number)	For Tax Period Beginning	Tax Period Ending
	DR 0104	JAN 2013	DEC 2013

<input type="checkbox"/> A Copy of a Cashed Refund Check	Refund Amount	For Tax Year
--	---------------	--------------

Taxpayer Last Name Bacon	First Name Chris	Middle Initial P
Current Address 999 Hormel Drive	City Denver	State Zip CO 80808

Social Security or Account Number(s) 123-45-6789	Phone Number (303)999-9999
--	--------------------------------------

Signature and Notarization Required To Process Request

I declare under the Penalty of perjury in the second degree that I subscribed and filed said tax return(s) either for myself or for the taxpayer named above as an officer of the company or an authorized representative thereof and that the signature which appears on the tax return and the one that appears below are both my signatures.

Signature of Requester <i>Chris P. Bacon</i>	Spouse's Signature (if joint)	Date (MM/DD/YYYY) 07/07/2014
---	-------------------------------	--

Subscribed and sworn to or affirmed before me this 7th Day of July, 2014 In the County of Denver State of Colorado

Signature of Notary <i>H. R. Pufnstuf</i>	My Commission Expires 07/07/2018
--	--

SEAL

H.R. PUFNSTUF NOTARY PUBLIC STATE OF COLORADO NOTARY ID 99999999999 MY COMMISSION EXPIRES JULY 07, 2018

- A. These boxes should contain the taxpayers name and address.
- B. The taxpayer will check the box applicable to what type of copy they require. When applying for a Drivers License, State ID or Permit, the third box should be checked. The tax returns sent will be certified by the Department of Revenue.
- C. These boxes should contain the requested tax return form number and the period, or periods, for which they are requesting. The correct number for the Colorado Individual Income Tax Form is the DR 0104.
- D. **Not Applicable.** This box will not be used when requesting a copy of a tax return for obtaining a Drivers License, State ID or Permit.
- E. This section is where a taxpayer enters their current mailing address if different from the address listed above. This will be the address used when mailing the taxpayers the copies of their documents.
- F. This line should contain the taxpayers Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or other account number used in filing the tax return and a current phone number. This ensures that we copy the correct record and provides a point of contact should the request contain errors or invalid information.
- G. This section should contain both the taxpayer's signature and date. This line must be completed in order for the form to be processed.
- H. The bottom section of the form is for the notary to fill out. All forms must contain both an original signature of the notary and the notary's stamp or seal in order to be processed.
- I. Mail completed forms to this address.