

Form M-4506 Request for Copy of Tax Form

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Rev.	1	2	/98	

Massachusetts Department of Revenue

1	Name of taxpayer(s) as shown on tax form		6 Social Security number (as shown on tax form)		
2	Current name		7 Spouse's Social Security nur	mber (as shown on tax form)	
3	Present mailing address (street address)		8 Federal Identification numbe	r (business use only)	
	City/Town	State Zip code	9 Tax form number or name (F	Form 1, Telefile, etc.)	
4 If this is a third party request, print your name in the space provided below, and complete Form M-2848, Power of Attorney and Declaration of Representative		10 Tax year(s) or period(s)			
5	5 If information is to be mailed to someone else, print the third party's name and address		11 Telephone number of requester ()		
12	2 Tax type (check applicable box):				

The release of the requested personal data to authorized individuals is governed by the provisions of the Commonwealth's Fair Information Practices Act (G.L. c. 66A). In accordance with the Commonwealth's Privacy and Confidentiality Regulations (801 CMR 3.08(4)) which were promulgated by the Executive Office of Administration and Finance pursuant to G.L. c. 66A, the Department of Revenue may charge a fee for copies of personal data. 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 Taxpayer Service Division PO Box 7010

Boston, MA 02204 (617) 887-MDOR

This section for Department use only

Fee imposed \$____

_____ Amount received \$_____ Date ____

_____ Ву____