



# C.A.T.S. TAX SERVICE, INC.

ENROLLED AGENTS

## REQUEST FOR DUPLICATE COPY OF YOUR INDIVIDUAL TAX RETURN

Please Complete ALL Questions Below. You MUST Complete and Sign This Form!

### ✓ TAX RETURN INFORMATION THAT IS REQUESTED

Federal Tax Form 1040      State Tax Form(s) – if applicable

Tax years requested: \_\_\_\_\_ (most recent three years)

### ✓ PERSONAL INFORMATION NEEDED TO VERIFY YOUR IDENTITY

Primary taxpayers name as shown on tax return: \_\_\_\_\_

Primary taxpayer's tax identification number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary taxpayer's date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM / DD / YYYY)

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ✓ RECIPIENT OF TAX RETURN INFORMATION (CHECK ONE)

Mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail to: \_\_\_\_\_

### ✓ FEES: \$20.00 PER TAX YEAR REQUESTED

(includes one Federal and one State return. Additional \$5 for each additional State return)

Select card type:      VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS

Card # \_\_\_\_\_ exp. Date: \_\_\_\_ / \_\_\_\_ cvc: \_\_\_\_\_

### Declaration of Taxpayer

I certify that I am the taxpayer listed above (or spouse, if married and requesting a joint tax return) and that ALL information above is complete, correct and true. I understand that C.A.T.S. Tax Service, Inc. will not be liable if the tax return information requested is seen by any unauthorized persons when the information is sent to the mailing address, fax number or e-mail address provided above. I also understand that I will not be charged the fees listed above for any tax forms that I have requested, which are unavailable. In addition, I understand that incomplete disclosure request forms will not be processed. Furthermore, I understand that under Internal Revenue Code (IRC) Section 6713 and 7216, a tax preparer may not disclose any tax return information without the taxpayer's written consent, except as permitted by law. Finally, I have enclosed payment. If payment is by credit card, I agree to pay above total amount due according to card issuer agreement.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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