

REQUEST FOR DUPLICATE COPY OF YOUR BUSINESS TAX RETURN

PLEASE COMPLETE ALL QUESTIONS BELOW. YOU MUST COMPLETE AND SIGN THIS FORM!

TAX RETURN INFORMATION THAT IS RE	QUESTED			
FORM 1065 - PARTNERSHIPS	FORM 1120 OR	1120S - CORPOR	ATIONS	
TAX YEARS REQUESTED:				
PERSONAL INFORMATION NEEDED TO				
ENTITY'S (COMPANY) NAME AS SHO	WN ON TAX RETUR	RN:		
ENTITY'S (COMPANY) EMPLOYER ID	ENTIFICATION NUM	1BER (EIN):		
YOUR NAME & TITLE:				
PHONE NUMBER ()				
RECIPIENT OF TAX RETURN INFORMATI	ON (CHECK ONE)			
MAIL TO:				
NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
E-MAIL TO:				
FEES: <i>\$25.00</i> PER TAX YEAR REQUESTED)			
SELECT CARD TYPE: VISA	MASTERCARD	DISCOVER	AMERICAN EXP	RESS
CARD #		EXP. DAT	E: /	_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 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:

7752 WARNER AVENUE, HUNTINGTON BEACH, CA 92647 OFFICE (714) 596-2287 FAX (714) 848-9605 TEXT (714) 642-5838