



C. A. T. S. Tax Service, Inc.

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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 REQUESTED

FORM 1065 - PARTNERSHIPS FORM 1120 OR 1120S – CORPORATIONS

TAX YEARS REQUESTED: _____

PERSONAL INFORMATION NEEDED TO VERIFY YOUR IDENTITY

ENTITY'S (COMPANY) NAME AS SHOWN ON TAX RETURN: _____

ENTITY'S (COMPANY) EMPLOYER IDENTIFICATION NUMBER (EIN): _____

YOUR NAME & TITLE: _____

PHONE NUMBER _____

RECIPIENT OF TAX RETURN INFORMATION (CHECK ONE)

MAIL TO:
NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL TO: _____

FEES: \$25.00 PER TAX YEAR REQUESTED

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: _____