

Comptroller of Maryland
Revenue Administration Division
Request for Copy of Tax Form

1. PRINT name and address of taxpayer(s) as shown on the tax form for the requested year(s):	2. Tax year(s) requested:
4. PRINT current address, if different from above:	3. Taxpayer's Social Security number as shown on tax form:
	5. Spouse's Social Security number as shown on tax form:
7. Mail copies to:	6. If you are requesting certified copies, please check here <input type="checkbox"/>
	8. Release copies to another party:

9. Requester's telephone number	10. WRITTEN signature of taxpayer	11. WRITTEN signature of spouse	Date
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OFFICE USE ONLY			
Tax year(s)	Account number(s)	Taxpayer's signature(s) verified by:	
Researcher's initials		Date	Photocopied by: Reviewed by:
Date copies released			

COT/RAD-029
Rev. 10/07

Mail to: **Comptroller of Maryland
Revenue Administration Division
Taxpayer Service Section
Annapolis, MD 21411**