DR 5714 (06/12/14)

COLORADO DEPARTMENT OF REVENUE

Tax Files - Room 136

P.O. Roy 17087

P.O. Box 17087 Denver, CO 80217-0087

	Request F	or Copy of	of Tax Ret	turns
See	Instruction S	Sheet For In	mportant l	nformation

Department Use Only					
Processed By					
Section					
Date Processed (MM/DD/YY)					

(See instruction Sheet						
Last Name or Business Name		First Name			Middle Initia	
Address		City			State Zi	p
In Accordance With The Provisions of	of C.R.S. 39-21-113	B, I Hereby Re	equest That Th	e Department of	Revenue	Prepare:
☐ A Copy of:	Tax Return (Form Number)		For Tax Period Beginning		Tax Period Ending	
(For Personal or Non-Legal Use)						
☐ A Certified Copy of: (If Required for Legal Use or Medical Marijuana Red Card)						
☐ A Certified Copy of Proof of Filing Return for DL, ID or Permit (CO-RCSA SB251)						
☐ A Copy of a Cashed Refund C	heck		Refund Amount		For Tax Ye	ar
Taxpayer Last Name		First Name				Middle Initial
Current Address		1	City		State Zi	p
Social Security or Account Number(s)			Phone Number			
Signat	ure and Notarizat	ion Required	d To Process I	Request		
I declare under the Penalty of perjury for the taxpayer named above as an which appears on the tax return and	officer of the comp	any or an aut	thorized repres	entative thereof		
Signature of Requester	Spouse'	s Signature (if jo	int)		Date (MM/DI	D/YY)
Subscribed and sworn to or affirmed before State of	ore me thisDa			,20_	In th	e County of
Signature of Notary		My Commiss			Expires	
SEAL				1		

Please do not remit any payment with this request. The first 10 pages will be provided free of charge. Subsequent pages cost \$0.25 per page. If payment is required you will be notified prior to your request being processed.

Request For Copy Instructions

 This form must be filled out accurately and completely. It must also be notarized. For security purposes, the Colorado Department of Revenue does everything it can to keep taxpayer information confidential. These precautions are necessary to ensure against potential identity theft. The Tax Files Office cannot accept requests for copies by fax because original signatures of both the requester and the notary are required for security purposes.

Mail the completed form to:

Colorado Department of Revenue Tax Files - Room 136 P.O. Box 17087 Denver, CO 80217-0087

 The Colorado Department of Revenue retains copies of tax returns for nine years plus the first six months of the calendar year. For example, a 2012 document is available until June 30, 2022. This copy retention schedule is established by the Colorado Attorney General, the State Archivist and the State Auditor. If you have questions, you may call the Tax Files Office at (303) 866-5407 or (303) 866-3329.

- Be specific when entering the tax period of the return(s). For example, if you want copies of your returns for the tax years 2005 through 2010, enter January 2005 in the Beginning column and December 2010 in the Ending column. Do not complete a separate form for each year you are requesting.
- 4. To request a copy of a return(s) for another taxpayer, a written authorization (a Power of Attorney or, if applicable, a copy of a death certificate) will be required before we can release the information. The individual's signature on the front of this form is also acceptable.
- It will take from seven to ten days to receive your copies. If your request results in more than 10 pages, you will be notified of the total cost. Copies will not be released until we receive payment.
- Please call us at 303-866-3329 or 303-866-5407
 if you have any questions. We do not maintain
 federal records. To obtain federal returns or
 information, contact the Internal Revenue Service.

Common Requests:

Form Title Form Number
Individual Income Tax Return DR 0104
Retail Sales Tax Return DR 0100

If there is a cost for copies you will be notified before your request will be processed.