



# Request for Copies of Previously Filed Tax Returns or Forms W-2

- Complete this form to request copies of previously filed tax returns or wage statements (Forms W-2). **REQUESTS WITH INCOMPLETE OR INACCURATE INFORMATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED.**
- Complete and accurate requests are usually filled within three weeks of receipt.
- Include a check or money order for the amount due with this request (\$5.00 for each year or period requested or \$6.00 per year or period if requesting certified returns). **REQUESTS WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED.**

Send completed form along with payment to:  
 Wisconsin Department of Revenue  
 Records Management, Mail Stop 5-144, PO Box 8906  
 Madison WI 53708-8906  
 (608) 266-2890

REQUESTER'S INFORMATION	
1. Requester's legal name:	2. Requester's daytime phone number:
3. Requester's address:	4. Address where copies should be mailed:
REQUESTING INFORMATION FOR	
5. Taxpayer legal name (if different from above) or business legal name:	6. Taxpayer or business name <b>as shown on the documents filed:</b>
7. Social security number, FEIN, ITIN, or permit number:	
8. Check the documents you are requesting:  <input type="checkbox"/> Income tax returns <input type="checkbox"/> Wage statement (Form W-2) <b>If requesting Form W-2, complete schedule on page 3 of this form.</b> <input type="checkbox"/> Estate tax return <input type="checkbox"/> Sales tax returns <input type="checkbox"/> Corporation tax returns <input type="checkbox"/> Other, specify: _____	
9. Are these copies to be certified? (If yes, the cost for certified copies is \$6.00 per year or period.)  <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Enter tax years or periods requested for each document requested.
Use the following check list to make sure everything is included with this request:  <input type="checkbox"/> a. <b>For the person whose returns are requested, photocopy of a valid driver license, state identification card, passport, or military identification that contains a photograph and signature of the holder AND a photocopy of the social security card, U.S. Government issued Medicare Insurance card, or Internal Revenue Service (IRS) authorization for an individual taxpayer identification number (ITIN) for the person named on the requested documents.</b>  <input type="checkbox"/> b. <b>If you are not the taxpayer, submit a copy of a properly executed Power of Attorney, Form A-222, as authorization to receive this material. Requests for individual income tax returns or Forms W-2 must include a photocopy of the taxpayer's driver license, state identification card, passport, or military identification that contains a photograph and signature of the holder AND a copy of the taxpayer's social security card, U.S. Government issued Medicare Insurance card or IRS Authorization for an ITIN.)</b>  <input type="checkbox"/> c. <b>If the taxpayer is deceased and there is an estate, include a certified copy of the domiciliary letter. If the taxpayer is deceased and there is no estate, a certified copy of the death certificate must be submitted, and a letter indicating the reason you need these documents.</b>  <input type="checkbox"/> d. <b>If the name on the identification provided is different than the name listed on the tax returns, submit documentation of proof of the name change (e.g., marriage certificate, divorce decree, etc.).</b>  <input type="checkbox"/> e. <b>If you are an officer</b> requesting a business tax return and did not sign the actual business return, submit proof that you are an officer of the company.	

**I certify that I am legally authorized to receive copies of the documents that I have requested above.**

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

# Instructions for Completing Form P- 521

The Wisconsin Department of Revenue will provide taxpayers with copies of their previously-filed tax returns or Forms W-2 upon receiving a properly completed request Form P-521 with all appropriate and required documentation. Additional information can be found on the department's website at [www.revenue.wi.gov/faqs/ise/request.html](http://www.revenue.wi.gov/faqs/ise/request.html).

## Requester's Information (lines 1-4)

Enter the legal name, address, daytime phone number of the person requesting a copy of the returns or Forms W-2, and the address where copies should be mailed.

## Requesting Information For (lines 5-10)

5. Enter the legal name of the taxpayer or business for the returns or Forms W-2 you are requesting.
6. For the returns or Forms W-2 you are requesting, enter the taxpayer or business name as it appears on the returns or wage statements filed.
7. For the returns or Forms W-2 you are requesting, enter the social security number or individual taxpayer identification number (ITIN), FEIN, or permit number of the taxpayer.
8. Check the appropriate line for the documents you are requesting. Complete a separate Form P-521 for each tax type and entity for which you are requesting returns.
9. Check "yes" if the returns are to be certified; check "no" if you do not need the returns certified. Requests for certified returns are \$6.00 per year or period; uncertified returns are \$5.00 per year or period.
10. Enter the years or periods requested for each document. For documents filed by period, enter a beginning and ending date for each period requested.

## What to Include With Your Request

- a. For requests for individual income tax returns or Forms W-2, provide (for the person whose returns are being requested) a photocopy of the taxpayer's valid driver license, state identification card, passport, or military identification that contains a photograph and signature of the holder AND a photocopy of the taxpayer's social security card, U.S. Government issued Medicare Insurance card, or Internal Revenue Service (IRS) authorization for an individual taxpayer identification number (ITIN).
- b. If you are not the taxpayer, submit a copy of a properly executed Power of Attorney, Form A-222, as authorization to receive this material. All authorizations for an individual income tax return must include a photocopy of the taxpayer's driver license, state identification card, passport, or military identification that contains a photograph and the signature of the holder AND a copy of the taxpayer's social security card, U.S. Government issued Medicare Insurance card, or IRS Authorization for an ITIN.

If you submit a Power of Attorney to request copies of business tax returns, the Power of Attorney must be signed by the president, CEO, owner, or officer of the company. If the Power of Attorney is signed by an officer of the company, proof must be provided that the person who signed is an officer of the company (see e. below).

- c. If the taxpayer is deceased and there is an estate, submit a certified copy of the domiciliary letter. If the taxpayer is deceased and there is no estate, a certified copy of the death certificate must be submitted, and a letter indicating the reason you need these documents.
- d. If the name on the identification provided is different than the name listed on the tax returns, submit proof of the name change (e.g., marriage certificate, divorce decree, etc.).
- e. If you are an officer requesting a business tax return and did not sign the actual business return, submit proof that you are an officer of the company. Proof that you are an officer can be in the form of current meeting minutes that state the requester is an officer or a letter from the president/CEO/owner of the organization naming the requester as an officer of the company and listing the requester's title.

# Wage Statement (Form W-2) Information Schedule

Complete this schedule to request your wage statement information.  
Complete a section for each company from which a Form W-2 is requested.

Company Name						
FEIN						
Company Street Address				City	State	Zip Code
Wage Statements for the Following Years:	Year	Year	Year	Year	Year	Year
	_____	_____	_____	_____	_____	_____

Company Name						
FEIN						
Company Street Address				City	State	Zip Code
Wage Statements for the Following Years:	Year	Year	Year	Year	Year	Year
	_____	_____	_____	_____	_____	_____

Company Name						
FEIN						
Company Street Address				City	State	Zip Code
Wage Statements for the Following Years:	Year	Year	Year	Year	Year	Year
	_____	_____	_____	_____	_____	_____

Company Name						
FEIN						
Company Street Address				City	State	Zip Code
Wage Statements for the Following Years:	Year	Year	Year	Year	Year	Year
	_____	_____	_____	_____	_____	_____

Company Name						
FEIN						
Company Street Address				City	State	Zip Code
Wage Statements for the Following Years:	Year	Year	Year	Year	Year	Year
	_____	_____	_____	_____	_____	_____