

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE



REQUEST FOR CERTIFIED COPY

Date: _____

NOTE: Tax returns for 2000 and prior years are no longer available. However, if a return was filed for those years, you will receive a letter of acknowledgment.

- To Be Mailed For Pick-Up at Customer Service Center

INDIVIDUAL INCOME TAX RETURNS:

Tax Period (s): _____

Name(s) as shown on Return (s)

(1) _____ (2) _____
Last First Middle Last First Middle

Social Security Number: (1) _____ - _____ - _____ (2) _____ - _____ - _____

Current Address: _____

Approximate date return was filed: _____

Signature: _____ Daytime Phone Number: () _____

BUSINESS TAX:

- FRANCHISE TAX RETURN (D20 or D30)
- SALES TAX RETURN (monthly annual)
- WITHHOLDING TAX RETURN - (monthly annual Reconciliation)
- PERSONAL PROPERTY
- OTHER, *Please specify* _____

Tax Period (s): _____ Name of Business: _____

D.C. Business Tax Number (EIN/SSN): _____ Approximate Date Filed: _____

Signature/Title: _____ Daytime Phone Number () _____ - _____

Mail to: Office of Tax and Revenue, Customer Service Administration, 1101 4th Street, SW, Washington, DC 20024

Official Use	Type of I.D. _____ Verified By: _____
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