



Authorization for Release of Photocopies of Tax Returns and/or Tax Information

Part A – Taxpayer and tax form information

Name of taxpayer(s) as shown on return		Current name <i>(if different from name on return)</i>	
Street address as shown on return		Current street address <i>(if different than on return)</i>	
City, state, and ZIP code as shown on the return		Current city, state, and ZIP code <i>(if different than on return)</i>	
Primary social security number shown on return	Joint taxpayer's social security number	Employer ID number (EIN) shown on return	
If taxpayer is deceased, list date of death	Sales tax Certificate of Authority number	Vehicle ID number (if requesting Form DTF-802)	
Form number	Form title/tax type		Tax year or period requested
Reason for request:			

Part B – Authorized representative/person/company to receive copy of form(s)

(Complete only if information is to be sent to an individual/entity other than the one listed in Part A)

Print name of authorized individual
Print firm's name, if applicable RECORDS DEPOSITION SERVICE, INC.
Street address P.O. BOX 5054
City, state and ZIP code SOUTHFIELD, MI 48086-5054
Telephone number <i>(including area code)</i> PHONE: 248-357-3330 FAX: 248-357-3337

Part C – Certification

I declare that I am either the taxpayer whose name is shown on the return, or a person authorized to obtain the tax return requested. If the request applies to a joint return, only one spouse is required to sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form DTF-505 on behalf of the taxpayer.

Printed name		Title	
Signature	Date	Telephone number	

