

OTC

**OKLAHOMA TAX COMMISSION
REQUEST FOR COPY OF INCOME TAX RETURN**

Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: You may be able to get your tax return information from other sources. If you had your tax return completed by a paid preparer they should be able to provide you a copy of the return.

1a. Name shown on tax return. If a joint return, enter the name shown first	1b. Social Security Number or Employer Identification Number of 1a.
2a. If a joint return, enter spouse's name shown on tax return	2b. Social Security Number of 2a. if applicable
3. Current name, address (including apartment, room, or suite number), city, state, and ZIP code Name: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City State Zip </div>	
4. Previous address shown on the last return filed if different from Line 3 Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City State Zip </div>	
5. If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The Oklahoma Tax Commission has no control over what the third party does with the tax return. Name: _____ Telephone Number: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> City State Zip </div>	

Caution: If a third party requires you to complete Form 599, do not sign if lines 6 and 7 are blank and mark through any blank lines.

6. Tax return requested. Form 511, 512, etc. and all attachments as originally submitted to the Oklahoma Tax Commission, including Form(s) W-2, schedules, or amended returns. Enter only one return number. If you need more than one type of return, you must complete another Form 599. Form Number: _____ Note: If the copies must be certified for court or administrative proceedings, check here..... <input type="checkbox"/>
7. Year or period requested. Enter the tax year <u>or</u> the ending date of the year or period. If you are requesting more than eight years or periods, you must attach another Form 599. _____ _____
8. Fee. There is a fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to the Oklahoma Tax Commission. Enter your Social Security Number or Employer Identification Number and "Form 599 Request" on your check or money order. Please check the box that corresponds to the number of years or periods you are requesting. <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 20%;"><input type="checkbox"/> 1 Year \$2.00</div> <div style="width: 20%;"><input type="checkbox"/> 2 Years..... \$2.00</div> <div style="width: 20%;"><input type="checkbox"/> 3 Years..... \$2.75</div> <div style="width: 20%;"><input type="checkbox"/> 4 Years..... \$3.50</div> <div style="width: 20%;"><input type="checkbox"/> 5 Years..... \$4.25</div> <div style="width: 20%;"><input type="checkbox"/> 6 Years..... \$4.50</div> <div style="width: 20%;"><input type="checkbox"/> 7 Years..... \$4.75</div> <div style="width: 20%;"><input type="checkbox"/> 8 Years..... \$5.00</div> <div style="width: 20%;"><input type="checkbox"/> 9 Years or more \$5.00 plus 0.25 for each additional year. (Example: 9 years - \$5.25; 10 years - \$5.50; 11 years - \$5.75; etc.)</div> </div> <div style="text-align: right; margin-top: 10px;"> Total Amount Enclosed..... \$ </div>
9. Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee, I certify that I have the authority to execute Form 599 on behalf of the taxpayer. If signed by a person other than the taxpayer, Form BT-129 (Power of Attorney) must be attached. <div style="text-align: right; margin-right: 10%;">(_____) _____</div> Signature: _____ Date: _____ Telephone number of taxpayer on line 1a or 2a _____ Title: (if line 1a above is a corporation, partnership, estate, or trust) _____ Spouse's Signature: _____ Date: _____
Mail To: OKLAHOMA TAX COMMISSION POST OFFICE BOX 26920 OKLAHOMA CITY, OK 73126-0920