

**TAX RETURN REQUEST AUTHORIZATION FORM**

This form documents our customer's permission to release a copy of current/prior year tax returns

This form can be used for the following types of returns: (complete one form for each SSN)

* Federal returns prepared at any Jackson Hewitt location from 1991 to the present
* State returns prepared at any Jackson Hewitt location from 1991 to the present

Primary SSN for Requested Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer's Name (as filed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Secondary filers for Married filing Joint may request a copy,

 but the primary SSN is needed to locate the return.)

 Year of tax return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prepared in \_\_\_\_\_\_\_\_\_ year.

 Year of tax return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prepared in \_\_\_\_\_\_\_\_\_ year.

 Year of tax return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prepared in \_\_\_\_\_\_\_\_\_ year.

**REASON FOR THE REQUEST:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print and Mail a copy of the return to the address listed below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The form must be accompanied by a copy of a picture ID.

I authorize Jackson Hewitt to release a copy of the tax return(s) indicated.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Customer's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Customer's Address Phone Number including Area Code

Please EMAIL:

 Returns@RRD-JH.COM with a copy of your ID.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip