FLORIDA
DEPARTMENT OF REVENUE

Request for Copy of Tax Return

DR-841
R. 05/98

The taxpayer, or authorized representative, must complete this request to obtain a copy of any tax return filed with the Florida Department of Revenue. An authorized representative must attach a *Power of Attorney* (DR-835) to this request.

Taxpayer Information		
Name of Taxpayer		
Street or Mailing Address		
City	State	ZIP
FEIN, SSN or Sales Tax Certificate Number	Florida Identification Number	Telephone Number
Type of Return	Tax Period	Number of Copies

Authorized mailing address. The authorized mailing address need only be completed if the copies of the return(s) requested are to be mailed to an address different from that of the taxpayer.

Authorized Mailing Address		
Name		
Street or Mailing Address		
City	State	ZIP

I hereby certify that I authorize the release of the above described return(s) and the information contained therein and the mailing thereof.

Signature of Taxpayer or Authorized Representative _____ Date _____

Department of Revenue Authorized Signature _____ Title _____ Date _____

Please keep a copy for your records and send original to:

Florida Department of Revenue
Attn: Records Management
168-C Blountstown Hwy
Tallahassee, Florida 32304