



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**REQUEST FOR COPY OF TAX RETURN
or TAX ACCOUNT INFORMATION/TRANSCRIPT**

General instructions:

- In order to locate the proper return, you must provide the taxpayer's name, address, and identifying numbers as they appear on the form. (SSN, FEIN, SID, or SC Account number)
- If you choose the email option, we will securely send the tax information to the email address provided. Follow the instructions in the email to securely access your transcripts. Information in the email is accessible for 30 days. Print or save this information immediately.
- If you choose the mail option, we will send the information to the mailing address you provide below.

Mail Email _____

Taxpayer information

Primary taxpayer or business name _____

SSN _____ FEIN/SID/SC Account number _____

Spouse's name (if applicable) _____ Spouse's SSN (if applicable) _____

Mailing address on return _____

City _____ State _____ ZIP _____

Current mailing address (if different from above) _____

City _____ State _____ ZIP _____

Check the tax type: Individual Corporate Fiduciary Partnership Other _____

Return tax periods requested _____

Copies are generally available for six years from filing and you may request copies for up to five tax periods.

Check the applicable box:

- I am the taxpayer or an authorized person requesting the information.
- I am not the taxpayer but have attached a signed Power of Attorney, SC2848, to receive this information.
- I am not the taxpayer but have attached Court Appointee documents to receive this information.
- I am not the taxpayer but am requesting public information.

Signature of requestor (The SCDOR will not accept this form if it is not signed.)

Print name _____ Date _____ Phone number _____

Signature _____ Title _____

Allow up to 30 days for your request to be processed.
Incomplete forms will not be processed.
Email your completed request to **RequestforCopies@dor.sc.gov**

