

**Application to Ascertain Wisconsin Net Income Tax Reported As Paid or Payable**

Enclose fee of \$4.00 for each income year requested.

SEND TO:  
Wisconsin Department of Revenue  
IIT Audit Section, MS 5-144  
PO Box 8906  
Madison WI 53708-8906  
Telephone (608) 266-2486  
Fax (608) 267-0834

Date \_\_\_\_\_

I, \_\_\_\_\_ whose address is \_\_\_\_\_  
(print or type name) (street or RR No.)

\_\_\_\_\_  
(city or post office) (state) (zip code)

hereby make application to ascertain the Wisconsin income tax reported as paid or payable for the  
year(s) \_\_\_\_\_ of the following named taxpayer:

Taxpayer name \_\_\_\_\_

Taxpayer address \_\_\_\_\_  
(include street, city and state)

Taxpayer business or occupation \_\_\_\_\_

If this information is obtained for any person other than the applicant or for any firm or corporation, state the name and address of that person, firm, or corporation. *(If none, write "None")*

Reason for request. This line must be completed. (N/A is not acceptable) \_\_\_\_\_

In making this application I hereby affirm and declare that I understand the provisions of sec. 71.78(2), Wis. Stats., relating to the divulgement, publication, or dissemination of information obtained from the above stated Wisconsin income tax return; that I am a resident of the state of \_\_\_\_\_, and that the information obtained is not for the use or benefit of a nonresident person or firm, or a foreign corporation.

\_\_\_\_\_  
(signature of applicant) (daytime telephone number)

**Notary Public – Complete this section for mailed applications.**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS

IN WITNESS WHEREOF  
I hereunto set my hand  
and official seal.

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
before me, \_\_\_\_\_  
(print notary public name)

the undersigned officer, personally appeared \_\_\_\_\_,  
(print requestor's name)

(SEAL)

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purpose therein contained.

\_\_\_\_\_  
(Notary Public Signature)

Notary Public Commission Expiration Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**Wisconsin Department of Revenue USE ONLY (required information) – Employee instructions:**

1. For in-person requests, attach a photocopy of requestor's drivers license or other picture identification document to this request form.
2. Fee must be prepaid (\$4 per return requested) ..... Amount collected \$ \_\_\_\_\_
3. Employee name \_\_\_\_\_ Received date \_\_\_\_\_