

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 _____