

ARIZONA DEPARTMENT OF REVENUE
Public Records Requests Form

As a public body, the Arizona Department of Revenue ("ADOR") is required by law to maintain records and make them available to the public upon request. [A.R.S. §§ 39-121 through 39-128](#). Various confidentiality laws and privileges apply to ADOR records. Confidential information (defined in [A.R.S. § 42-2001](#)) may not be disclosed (per [A.R.S. § 42-2002](#)), except as provided by law ([A.R.S. § 42-2003](#)). Confidential information includes tax returns and return information. It also includes information about the identity of a taxpayer (name and address) and whether a taxpayer has filed a return, is subject to audit or collection actions, and the amount or source of income or liabilities.

To request copies of tax returns, please use [Form 450](#). Use this form for all other records requests.

The fee for copies is 25¢ per page. To make your records request, please provide the following information:

1. Are you requesting your own tax records? Yes No

Taxpayer Type	Who Can Request	Taxpayer Type	Who Can Request
INDIVIDUAL	Individual (person listed on the return)	LLC	Member/Manager
CORPORATION	Principal Corporate Officer	ESTATE	Personal Representative/Heir
PARTNERSHIP	Partner	TRUST	Trustee/Grantor/Beneficiary

2. Are you requesting someone else's tax records? Yes No

If you are requesting a copy of someone else's tax records, please provide proper written authorization with this request:

[Arizona Disclosure Authorization Form 285B](#)

Intergovernmental or interagency agreement (on file with ADOR)

Court order ([A.R.S. § 42-2003\(N\)](#)).

Note: ADOR cannot disclose confidential information in response to a subpoena.

Other: _____

3. Please describe, in detail, the records requested: (include taxpayer name, tax type, tax periods, etc.)

4. Are these records for personal use or commercial purposes ([A.R.S. § 39-121.03](#))? _____

5. Requester's contact information:

Name	Mailing Address		
Title	City	State	ZIP Code
Company	Phone Number	Fax Number	
Signature	Date		

6. Mail this completed request form to: *Arizona Department of Revenue
Disclosure Office – Division Code 3
1600 W. Monroe St.
Phoenix, AZ 85007*