

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
<b>INDIVIDUAL</b>	Individual (person listed on the return)	<b>LLC</b>	Member/Manager
<b>CORPORATION</b>	Principal Corporate Officer	<b>ESTATE</b>	Personal Representative/Heir
<b>PARTNERSHIP</b>	Partner	<b>TRUST</b>	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\(M\)](#)).

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

**6. Save and email completed request form to: [DisclosureOfficer@azdor.gov](mailto:DisclosureOfficer@azdor.gov)**

**Or, print and mail completed request form to:** *Arizona Department of Revenue  
Disclosure Office – Division Code 3  
1600 W. Monroe St.  
Phoenix, AZ 85007*