

I am requesting the following identified returns/return information pursuant to Nebraska law. I understand disclosure or use of the information received for other than authorized tax administrative purposes is subject to criminal and civil liabilities.

Name of Taxpayer

Social Security Number/EIN

Current Mailing Address

City

State

Zip Code

Tax Periods

Information Requested

Copy of Returns

Type of Returns _____

Tax Years _____

Other (Specify)

Reason Requested

What is the statutory basis (cite) for the request?

Name of Employee Making Request

Date Request Made

Requesting Agency

Mailing Address

City

State

Zip Code

Email Address

Phone Number

**sign
here** ▶

Authorized Signature

Date

Phone Number

Email Address

Instructions

This form may be used by state and local agency personnel requesting returns or return information from the Nebraska Department of Revenue.

After signature approval, forward to the address below. The requesting agency must state the agency's need and use for the requested data as specifically as possible. A general statement that it is needed for tax administration is insufficient.

Mail this form to: **Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.**
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729