



Utah State Tax Commission
Request for Tax Records

TC-880
 Rev. 2/06

Name of person requesting records			Daytime telephone number
Current mailing address	City	State	ZIP Code
Check box if you are a member of: <input type="checkbox"/> the media <input type="checkbox"/> a special interest group		If you are a member of a special interest group, please indicate the group	

Description of the Records Requested

Name of the taxpayer or entity shown on records	
Social security number / account number / employer identification number on record	Tax or filing period
Description of records	
	ICN number
<input type="text"/> Number of records requested at \$6.50 per record <i>(additional expenses may be incurred if research is required)</i>	\$ <input type="text"/> Total amount received

If the name on the records differs from the name of the person requesting the records, please indicate which of the following apply:

- The requester is the parent or legal guardian of the subject of the record who is 17 years or younger and unmarried.
- The requester is the legal guardian of the subject of the record who is a legally incapacitated individual.
- The requester is an officer, director, member or general partner of the entity.

Office Use Only

If you check either box below, you must attach a copy of the power of attorney or notarized release to this form.

- The requester has a power of attorney from the subject of the record.
- The requester has a notarized release from the subject of the record or his legal representative dated no more than 90 days before the date the request for records is made.

Under penalties of perjury, I declare to the best of my knowledge and belief, this request, including accompanying documents, is true, correct and complete.

Signature of requester	Title	Date
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Utah law requires proof of requester's identity prior to release of private, controlled or protected information. If this form is mailed in, the requester's signature should be notarized in the space provided. If this form is presented in person, the requester must present proof of identification to the authorized examiner.

Place notary stamp in this space	Authorized examiner signature X
	Date
Notary public signature X	Tax Commission/County Office
	A driver's license is the preferred identification. Indicate the form of identification and the identification number used for proof.
Date subscribed and sworn	

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at (801) 297-3811 or Telecommunication Device for the Deaf (TDD) (801) 297-2020. Please allow three working days for a response.

Office Use Only	
Date request was filled	USTC employee initials