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**Stephen W. DeFilippis, EA, Financial Adviser**  
Licensed to Represent Taxpayers Before the IRS

**Member:** Illinois Society of Enrolled Agents  
National Association of Enrolled Agents

### Tax Return Information Client Request

Name of person requesting documents: \_\_\_\_\_

Method requested (mail, fax, email): \_\_\_\_\_ *Mail* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email*

Client Phone: \_\_\_\_\_ Client Fax: \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Client Address \_\_\_\_\_  
\_\_\_\_\_

Tax return information requested by client: \_\_\_\_\_

for tax year(s): \_\_\_\_\_

I/we understand that this information was previously provided to me upon completion of my tax returns. The fee schedule for this additional service: **\$10 for each copy of your tax return requested (plus mailing costs, if applicable)**. Please allow up to two (2) business days to process your request.

Payment must accompany this form. Fees are payable by cash or check to DeFilippis Financial Group®, 1751 S. Naperville Rd., Suite 102, Wheaton, IL 60189-5896.

Taxpayer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_