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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: _____