

Name and Address of Taxpayer			Authorized Mailing Address for Tax Return		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Social Security Number	Nebraska ID Number				
Type of Tax Return	Tax Period or Taxable Year Beginning				

I hereby certify that I authorize the release of the tax return specified above, the information contained in the return, and the mailing of this information to the above address.

**sign  
here** ▶

Signature of Taxpayer or Authorized Representative	Title	Date	Phone Number
Department of Revenue Authorized Signature	Title	Date	Phone Number

## Instructions

**Who Must File.** A taxpayer or authorized representative must complete Form 23 to obtain a copy or transcript of any tax return filed with the Nebraska Department of Revenue (Department). Taxpayers who request copies of e-filed tax returns will be provided a transcript of the tax return information. Sales tax filers can print a PDF copy of tax returns directly from the NebFile for Business program.

An authorized representative must have a [power of attorney](#) on file with the Department before requesting taxpayer information. A person who signs a tax return as preparer of the return may request a copy of the return. This person is considered to have a limited power of attorney with regard to the information contained on the return.

**Authorized Mailing Address.** Only complete the authorized mailing address section if the copy of the original tax returns requested should be mailed to an address different than that of the taxpayer.

Mail this request to: **Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818**