

IRS Transcript

Record of Account Transcript

Primary Taxpayer Name: _____

Taxpayer Identification Number: XXX-XX-_____

Tax Year:

Transcript Request Number:

Date Requested:

Tax Return Data

Description	Amount
Adjusted Gross Income	<input type="text"/>
Taxable Income	<input type="text"/>
Total Tax Liability	<input type="text"/>
Total Payments	<input type="text"/>
Refund or Amount Owed	<input type="text"/>

IRS Certification

This transcript is provided as a summary of the federal tax return filed with the IRS.

IRS Representative: _____

Date Printed: