
How to Get Your Federal Tax Return Information From the IRS

- **Transcripts are free.** You can get them for the current year and the past three years.
- A **tax return transcript** is a summary of the tax return that you initially filed. It also includes certain items from any accompanying forms and schedules that you filed. It doesn't reflect any changes you or the IRS made after you filed your original return.
- The quickest way to get a copy of your tax transcript is to use the Get Transcript Online at www.irs.gov. Once you verify your identity, you will be able to view and print your transcript immediately online.
- If you're unable or prefer not to use Get Transcript Online, you may order a tax return transcript using the online tool [Get Transcript by Mail](#) or by calling **800-908-9946**. Transcripts arrive at the address the IRS have on file for you in five to 10 calendar days from the time IRS receives your request.
 - You can also request your transcript using your smartphone with the [IRS2Go](#) mobile phone app.

If you are a:

- Independent student** - married/remarried as of the day you filed your 2017 – 2018 FAFSA, and filed a separate tax return, a 2015 Tax Return Transcript must be requested for each tax payer.
- Dependent student** - your legal parents are married/remarried or unmarried and both parents living together as of the day you filed your 2017 – 2018 FAFSA, and filed a separate tax return, a 2015 Tax Return Transcript must be requested for each parent.

How to Register for Get Transcript Online Using New Authentication Process

1. Go to www.irs.gov
2. Click on Get My Tax Record
3. Click Get Transcript Online and go to Sign Up or Log In



The image shows a flow from a 'Get Transcript Online' button to a registration and login page. The registration page includes a 'Sign Up' section with a 'CREATE ACCOUNT' button and a 'Log In' section with a 'LOG IN' button and a 'Forgot Username' link. A note at the bottom states: 'PTIN and FIRE users need a separate account in this system'.

Get Transcript Online

What You Need

To register and use this service, you need:

- your [SSN](#), date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

Sign Up
Don't have an account? Create one now.
[CREATE ACCOUNT](#)

Log In
Already have a username? Welcome back!
Username


[LOG IN](#)
[Forgot Username](#)

PTIN and FIRE users need a separate account in this system

Sample Tax Return Transcript

Sample Wage and Income Transcript

2015 IRS Tax Return Transcript



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

Request Date: 03-04-2009
Response Date: 03-04-2009
Tracking Number: 10000070432


SSN Provided: 000-00-0100
Tax Period Ending: Dec. 31, 2008

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 000-00-0100 SPOUSE SSN: 000-00-0200
NAME(S) SHOWN ON RETURN: JOHN DOE & JANE DEE
ADDRESS: 300 ANYSTREET BLVD
DALLAS, TX 77000-0000-000

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20091408
RECEIVED DATE: Feb. 15, 2009
DEFERMENT: 0.00
EXEMPTION NUMBER: 5
DEPENDENT 1 NAME CTRL: ABGR
DEPENDENT 1 SSN: 000-00-0300
DEPENDENT 2 NAME CTRL: ABGS
DEPENDENT 2 SSN: 000-00-0400
DEPENDENT 3 NAME CTRL: ABGS
DEPENDENT 3 SSN: 000-00-0500
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN:
PREPARER EIN:

Income	
WAGES, SALARIES, TIPS, ETC.	\$ 67,000.00
TAXABLE INTEREST INCOME: SCH B	\$ 0.00
TAX-EXEMPT INTEREST	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B	\$ 0.00
QUALIFIED DIVIDENDS	\$ 0.00



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 03-04-2009
Response Date: 03-04-2009
Tracking Number: 10000070432

SSN Provided: 000-00-0100
Tax Period Ending: Dec. 31, 2008


Form W-2 Wage and Tax Statement

Employer:
EMPLOYER Identification Number (EIN): 456874870
GAMESTUFF INC
4524 STORY LANE
GRAPEHOLT, VA 45514-5241

Employee:
Employee's Social Security Number: 000-000-0000
TAMMY HUSTON
457 MARINERS DR
TAMPA, CA 354214-5424

Submission Type:	Original Document
Wages, Tips and Other Compensation:	\$31,524.00
Federal Income Tax Withheld:	\$2,133.00
Social Security Wages:	\$31,524.00
Social Security Tax Withheld:	\$398.00
Medicare Wages and Tips:	\$31,524.00
Medicare Tax Withheld:	\$234.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Montanable Combat Pay:	\$0.00

If changes were made after filing your 2015 Federal Tax Return, you must attach a copy of your original Form 1040X along with your tax return transcript.



Amended U.S. Individual Income Tax Return

OMB No. 1545-0047

Department of the Treasury - Internal Revenue Service
For information about Form 1040X and its separate instructions, visit www.irs.gov/form1040x.

This return is for calendar year 2018 2016 2014 2013
Other year. Enter one calendar year or fiscal year (month and year end only):

Your first name and initial: _____ Last name: _____ Your social security number: _____
If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____
Current home address (print or type clearly). If you have a P.O. box, see instructions. Apt. no. _____ Your phone number: _____
City, town or post office, state, and ZIP+4®. If you have a foreign address, also complete space below (see instructions):
Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from joint to separate status after the due date.
 Single Head of household (if the qualifying person is a child but not your dependent, see instructions)
 Married filing jointly Qualifying widow(er)
 Married filing separately

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)
 Yes No

Use Part III on the back to explain any changes

Income and Deductions	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or decrease (explain in Part III)	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here: <input type="checkbox"/>	1		
2 Itemized deductions or standard deduction	2		
3 Subtract line 2 from line 1	3		
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4		
5 Taxable income. Subtract line 4 from line 3.	5		
Tax Liability			
6 Tax. Enter method(s) used to figure tax: (see instructions)	6		
7 Credits. If general business credit carryback is included, check here: <input type="checkbox"/>	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		
9 Health care individual responsibility (see instructions)	9		
10 Other taxes	10		
11 Total tax. Add lines 8, 9, and 10	11		
Payments			
12 Federal income tax withheld and excess social security and tier 1 FICA tax withheld (if changing, see instructions)	12		
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> Schedule EEIC <input type="checkbox"/> Form(s) <input type="checkbox"/> 2489 <input type="checkbox"/> 4888 <input type="checkbox"/> 8888 <input type="checkbox"/> 8888 <input type="checkbox"/> 8988 or other (specify): _____	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16.	17		
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		
19 Subtract line 18 from line 17. If less than zero, see instructions.	19		
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22 Amount of the 21 you want refunded to you	22		
23 Amount of line 21 you want applied to your (enter year) _____ 20____	23		

Complete and sign this form on Page 2

For Paperwork Reduction Act Notice, see Instructions. Cat No. 11290L Form 1040X (prev. 1-2017)