



Request for Photocopy of Missouri Income Tax Return or Property Tax Credit Claim

Social Security Number

Input boxes for Social Security Number

Spouse's Social Security Number

Input boxes for Spouse's Social Security Number

Taxpayer Name

Input box for Taxpayer Name

Spouse's Name

Input box for Spouse's Name

Address on Return As Filed

Input box for Address on Return As Filed

City

Input box for City

State

Input box for State

ZIP Code

Input box for ZIP Code

Present Address (If Different)

Input box for Present Address (If Different)

City

Input box for City

State

Input box for State

ZIP Code

Input box for ZIP Code

Tax Year(s) Requested

Input box for Tax Year(s) Requested

All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information, from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a Power of Attorney Form 2827 designating the third party person as their representative.

Authorization

Name of Person Authorized to Receive this Information

Input box for Name of Person Authorized to Receive this Information

Title

Input box for Title

Telephone Number

Input box for Telephone Number

Street Address

Input box for Street Address

City

Input box for City

State

Input box for State

ZIP Code

Input box for ZIP Code

Email Address

Input box for Email Address

Under penalties of perjury, I declare that the above information is true, complete and correct.

Signature

Taxpayer Signature

Input box for Taxpayer Signature

Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Telephone Number

Input box for Telephone Number

Spouse's Signature (required if a joint tax return)

Input box for Spouse's Signature

Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Input box for Date (MM/DD/YYYY)

Email Address

Input box for Email Address

Department Use Only

Comments

Large input box for Comments

The confidentiality provisions of the Missouri income tax law protect you by prohibiting other persons from obtaining information contained on your tax return or property tax credit claim(s). In compliance with these provisions, please complete this form to obtain a copy of your tax return(s).

Mail to: Missouri Department of Revenue Taxation Division P.O. Box 3022 Jefferson City, MO 65105-3022 E-mail: TaxForms@dor.mo.gov

Visit dor.mo.gov/faq/personal/indiv.php for additional information.

