



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

REQUEST FOR COPIES OF TAX RETURNS

Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601 923-7000 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other tax types. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____

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Name and address where to send the copies of the requested returns. If you want these copies certified, please check here.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments **must be** in the form of cash, a cashier's check or money order. We **do not accept personal checks** for copies. We **do not** recommend you send cash through the mail. **The charge for copies is \$2.50 for the first page and \$.50 for each additional page.** We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7000 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____

Title if officer, partner, trustee or party other than taxpayer: _____

Contact Phone Number: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public

NUMBER OF PAGES COPIED: _____ TOTAL COST: \$ _____ DATE PAYMENT RECEIVED: _____

INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: _____