



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

Department Use Only (MM/DD/YY)

Three empty boxes for Department Use Only date.

Social Security Number

Three boxes for Social Security Number with hyphens.

Spouse's Social Security Number

Three boxes for Spouse's Social Security Number with hyphens.

Taxpayer Name

Text box for Taxpayer Name.

Spouse's Name

Text box for Spouse's Name.

Address on Return As Filed

Text box for Address on Return As Filed.

City

Text box for City.

State

Text box for State.

ZIP Code

Text box for ZIP Code.

Present Address (If Different)

Text box for Present Address (If Different).

City

Text box for City.

State

Text box for State.

ZIP Code

Text box for ZIP Code.

Tax Year(s) Requested

Text box for Tax Year(s) Requested.

Signature

Taxpayer Signature

Text box for Taxpayer Signature.

Date (MM/DD/YYYY)

Three boxes for Date (MM/DD/YYYY).

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

Text box for Spouse's Signature.

Date (MM/DD/YYYY)

Three boxes for Date (MM/DD/YYYY).

Department Use Only

Request Process By

Text box for Request Process By.

Date (MM/DD/YYYY)

Three boxes for Date (MM/DD/YYYY).

Release Approved By

Text box for Release Approved By.

Date (MM/DD/YYYY)

Three boxes for Date (MM/DD/YYYY).

Comments

Large text 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 http://dor.mo.gov/faq/personal/indiv.php for additional information.

