



Missouri Department of Revenue  
**Authorization For Release of  
 Confidential Information**

Department Use Only  
 (MM/DD/YY)

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Missouri Tax I.D. Number

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Social Security Number

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I, \_\_\_\_\_, authorize and request the Missouri Department of Revenue, to release confidential tax records pertaining to \_\_\_\_\_ for the tax reporting period(s): \_\_\_\_\_

Type of Record(s)	<input type="checkbox"/> Corporate Income and Franchise Tax	<input type="checkbox"/> Sales or Use Tax
	<input type="checkbox"/> Employer Withholding Tax	<input type="checkbox"/> Motor Fuel Tax
	<input type="checkbox"/> Individual Income Tax (List Social Security Number under Missouri Tax ID Number)	<input type="checkbox"/> Financial Institution Tax
	<input type="checkbox"/> Other _____	

Availability	The record should be:
	<input type="checkbox"/> Photocopied and copies forwarded to me at: Street: _____ City, State, Zip: _____ <input type="checkbox"/> Photocopied and copies forwarded to the agent specified below.

I specifically authorize the following agent to examine the above identified confidential tax records.

Name	Title	Social Security Number			
Street Address	City	State		Zip Code	
Telephone Number (____) _____	E-mail Address				

(Complete this section if requesting confidential tax records for a business, corporation, s corporation, or partnership)

I am authorized to sign this document as an officer, partner, or owner of the corporation or business. This authorization shall be effective this date and shall expire on \_\_\_\_\_, or until terminated by the undersigned.

For sales tax records only — The Director of Revenue may charge not more than \$50 per day for use of facilities within the division or charge not more than one dollar per page for photocopies of confidential records to defray costs incurred.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. If prepared by a person other than the owner, this declaration is based on all information of which he or she has any knowledge. The Director of Revenue and department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under <a href="#">Section 32.057, RSMo</a> or any other applicable confidentiality statute.		
	Signature of Owner, Officer, Partner, or Individual	Date (MM/DD/YYYY) ____/____/____	Telephone Number (____) _____
	Printed Name	Title	Social Security Number

**Send Completed Form To (Tax type selected above will determine appropriate mailing address):**

<b>Corporate Income and Franchise Tax</b> Business Tax P.O. Box 3365 Jefferson City, MO 65105-3365	<b>Individual Income Tax</b> Personal Tax P.O. Box 2200 Jefferson City, MO 65105-2200	<b>All Other Taxes</b> Support Services P.O. Box 3022 Jefferson City, MO 65105-3022
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