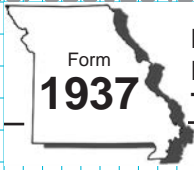


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Missouri Department of Revenue
Request for Photocopy of Missouri Income
Tax Return or Property Tax Credit Claim

Department Use Only (MM/DD/YY)

Social Security Number
 - -

Spouse's Social Security Number
 - -

Taxpayer Name

Spouse's Name

Address on Return As Filed City State ZIP Code

Present Address (If Different) City State ZIP Code

Tax Year(s) Requested

Signature Taxpayer Signature Date (MM/DD/YYYY)

Signature Spouse's Signature (required if a joint tax return) Date (MM/DD/YYYY)

Department Use Only Request Process By Date (MM/DD/YYYY)

Department Use Only Release Approved By Date (MM/DD/YYYY)

Department Use Only 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

TTY: (800) 877-6881
Fax: (573) 526-1881

Visit <http://dor.mo.gov/faq/personal/indiv.php>
for additional information.

Form 1937 (Revised 05-2018)

