MISSOURI DEPARTMENT OF REVENUE
(573) 751-5337

REQUEST FOR PHOTOCOPY OF MISSOURI INCOME TAX RETURN

FORM **1937** (REV. 10-2006)

Reset Form | Print Form

The Confidentiality Provisions of the Missouri Income Tax Law protect you by prohibiting other persons from obtaining information contained on your tax return. In compliance with these provisions, please complete this form to obtain a copy of your tax return(s).

NAME OF TAXPAYER	SOCIAL SECURITY NUMBER
NAME OF SPOUSE	SPOUSE'S SOCIAL SECURITY NUMBER
ADDRESS ON RETURN AS FILED	
PRESENT ADDRESS (IF DIFFERENT)	
YEAR REQUESTED	

TAXPAYER'S SIGNATURE(S)

YOUR SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE

MAIL COMPLETED FORM TO

MISSOURI DEPARTMENT OF REVENUE
P.O. BOX 3022
JEFFERSON CITY, MO 65105-3022

FAX: (573) 526-1881

FOR DEPARTMENT OF REVENUE USE ONLY

REQUEST PROCESSED BY	DATE
RELEASE APPROVED BY	DATE

COMMENTS

This publication is available upon request in alternative accessible format(s).