



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

Department Use Only
 (MM/DD/YY)

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Social Security Number

	-		-	
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Spouse's Social Security Number

	-		-	
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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)

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

Date (MM/DD/YYYY)

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Department Use Only

Request Process By

Date (MM/DD/YYYY)

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Release Approved By

Date (MM/DD/YYYY)

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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)



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