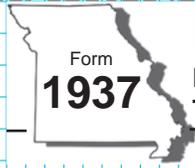


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MISSOURI DEPARTMENT OF REVENUE

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

Department Use Only Request Process By Date (MM/DD/YYYY) [] [] [] Release Approved By Date (MM/DD/YYYY) [] [] []

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.

Form 1937 (Revised 11-2020)



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