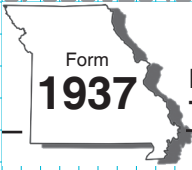


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MISSOURI DEPARTMENT OF REVENUE

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

Social Security Number

[Redacted Social Security Number]

Spouse's Social Security Number

[Redacted Spouse's Social Security Number]

Taxpayer Name

[Redacted Taxpayer Name]

Spouse's Name

[Redacted Spouse's Name]

Address on Return As Filed

[Redacted Address on Return As Filed]

City

[Redacted City]

State

[Redacted State]

ZIP Code

[Redacted ZIP Code]

Present Address (If Different)

[Redacted Present Address (If Different)]

City

[Redacted City]

State

[Redacted State]

ZIP Code

[Redacted ZIP Code]

Tax Year(s) Requested

[Redacted Tax Year(s) Requested]

All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information, from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a [Power of Attorney Form 2827](#) designating the third party person as their representative.

Authorization

Name of Person Authorized to Receive this Information

[Redacted Name of Person Authorized to Receive this Information]

Title

[Redacted Title]

Telephone Number

[Redacted Telephone Number]

Street Address

[Redacted Street Address]

City

[Redacted City]

State

[Redacted State]

ZIP Code

[Redacted ZIP Code]

Email Address

[Redacted Email Address]

Under penalties of perjury, I declare that the above information is true, complete and correct.

Signature

Taxpayer Signature

[Redacted Taxpayer Signature]

Date (MM/DD/YYYY)

[Redacted Date]

Telephone Number

[Redacted Telephone Number]

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

[Redacted Spouse's Signature]

Date (MM/DD/YYYY)

[Redacted Date]

Email Address

[Redacted Email Address]

Department Use Only

Comments

[Redacted 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 dor.mo.gov/faq/personal/indiv.php for additional information.

Form 1937 (Revised 12-2023)



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