Form **8821**

Missouri Department of Revenue
Authorization For Release of Confidential Information

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Social Security Number

I, _____ , authorize and request the Missouri Department of Revenue, to release confidential tax records pertaining to _____ for the tax reporting period(s): _____.

Type of Record(s)

- ☐ Corporate Income and Franchise Tax
- ☐ Employer Withholding Tax
- ☐ Individual Income Tax (List Social Security Number under Missouri Tax ID Number)
- ☐ Other _____
- ☐ Sales or Use Tax
- ☐ Motor Fuel Tax
- ☐ Financial Institution Tax

Availability

The record should be:

- ☐ Photocopied and copies forwarded to me at: Street: _____
  City, State, Zip: _____
- ☐ Photocopied and copies forwarded to the agent specified below.

Agent Authorization

I specifically authorize the following agent to examine the above identified confidential tax records.

Name	Title	Social Security Number

Street Address	City	State	Zip Code

Telephone Number	E-mail Address
( ) -	

(Complete this section if requesting confidential tax records for a business, corporation, s corporation, or partnership)

I am authorized to sign this document as an officer, partner, or owner of the corporation or business. This authorization shall be effective this date and shall expire on _____, or until terminated by the undersigned.

For sales tax records only — The Director of Revenue may charge not more than $50 per day for use of facilities within the division or charge not more than one dollar per page for photocopies of confidential records to defray costs incurred.

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. If prepared by a person other than the owner, this declaration is based on all information of which he or she has any knowledge. The Director of Revenue and department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo or any other applicable confidentiality statute.

Signature of Owner, Officer, Partner, or Individual	Date (MM/DD/YYYY)	Telephone Number
	/ /	( ) -

Printed Name	Title	Social Security Number

Form 8821 (Revised 12-2014)

Send Completed Form To (Tax type selected above will determine appropriate mailing address):

Corporate Income and Franchise Tax
Business Tax
P.O. Box 3365
Jefferson City, MO 65105-3365

Individual Income Tax
Personal Tax
P.O. Box 2200
Jefferson City, MO 65105-2200

All Other Taxes
Support Services
P.O. Box 3022
Jefferson City, MO 65105-3022

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