



Form REV190, Authorization to Release Return Related to Identity Theft

To authorize the department to the release a copy of a return related to identity theft for yourself use Form REV189, *Request for Copy of Return Related to Identity Theft*.

Taxpayer/Victim	Taxpayer Name			Social Security Number or ITIN		
	Street Address or PO Box			Minnesota or Federal Employer Identification Number (FEIN)(Sole Proprietors)		
	Apt. or Suite			Phone Number		Fax Number
	City	State	ZIP Code	Email Address		

Type of Tax Return	Type of Tax Return You are Requesting	Tax Form Name or Number	Tax Year or Period

I authorize the Minnesota Department of Revenue to disclose to the designated recipient at the law enforcement agency listed below to receive information related to the tax return(s) listed above.

Recipient	Name of Law Enforcement Agency			Recipient Official's Name and Title		
	Street Address or PO Box			Phone Number		
	Suite			Fax Number		
	City	State	ZIP Code	Email Address		

I understand that this includes information related to the purported return that was filed by a third party using my name and/or Social Security Number without my knowledge or consent, for the tax year or period listed above. This information includes a copy of the return, any attachments to the return, and transmission data tied to the return (if filed electronically). This information would not include the identity of, or any investigatory information regarding, the third party who filed the purported return.

I also understand that the law enforcement agency designated above may use this information to investigate and/or prosecute any person(s) who may have been involved in the filing of the purported return or other crimes related to the use of my identifying information. In addition, I further understand that the law enforcement agency designated above may share this information with other law enforcement agencies directly involved in this or other investigations and/or prosecutions of crimes related to the use of my identifying information by these persons.

Do not sign this form if it is blank or incomplete. I certify that I am the taxpayer whose name and/or Social Security number was used to file my purported return. Parent, Guardian, Conservator: I certify that I have the legal authority to sign this form.

Signature	Signature		Date / /		Address, If Different from Taxpayer		
	Print Name and Title		Phone Number		City	State	ZIP Code

Send a signed copy of this form to the department:
 Mail: Minnesota Department of Revenue, Mail Station 6590, 600 Robert Street North, St. Paul, MN 55146
 Fax: 651-556-5210

Form REV190 Instructions

Purpose of This Form

By signing this form, you authorize the Minnesota Department of Revenue to release your private data from one or more tax returns listed above related to identity theft to the designated recipient at the law enforcement agency named above.

The designated recipient above may inspect and receive your private data but may not act on your behalf.

Your Signature

This authorization is not valid until it is signed and dated by someone with legal authority to sign it. For most people, this is the taxpayer whose data is being shared.

If granting authority for a joint return, only one spouse needs to sign. Parents or legal guardians must sign for minors. For legal guardians, conservators, personal representatives, and others signing on behalf of the taxpayer, we require documents and a photo ID to confirm your legal authority.

We reserve the right to request additional information as needed.

Expiration

This authorization expires once the data is released.

Questions?

Website: www.revenue.state.mn.us

Phone: 651-297-5195 or 800-657-3500