MINNESOTA • REVENUE

Request for Copy of Tax Return

You must pay a \$5 processing fee for each copy of a tax return and year you are requesting. Make your check payable to Minnesota Revenue and mail it with your completed Form M100 to the address shown at the bottom of this form. Your request will not be processed without payment.

Enter the requested information and sign below. Most requests are filled within 30 days of receipt.

	Requestor's first name and middle initial	Last name		Social Security number or Mir	nnesota tax ID number
Print or type	Business name (if applicable)			Type of tax return(s) you are requesting:	
	Street address			Other (please indicate):	
E	City Sta	te Zip code		Year(s) of returns being reque	sted
Sign here	You must sign below. If you do not, your request will be returned to you for signature.				
	Signature of taxpayer or power of attorney		Date	Daytime phone	Check this box if you need a certified copy.
	Mail your completed Form M100 and ch Minnesota Revenue Mail Station 7703	ieck made payable	e to Minnesota Re	evenue to:	
	St. Paul, MN 55146-7703				Dept. use only
	If you have questions, call 651-296-378	1 or 1-800-652-9	094.		Amount paid Initials
	We will provide information in an alternative format upon request.				

(Rev. 5/15)

M100