## 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 Min	nnesota tax ID number
Print or type	Business name (if applicable)				Type of tax return(s) you are requesting:   Individual income (M1)   Property tax refund (M1PR)   Other (please indicate):	
	Street address					
	City	State	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		Da	ate	Daytime phone	Check this box if you need a certified copy.
	Mail your completed Form M100 and check made payable to <b>Minnesota Revenue</b> to: Minnesota Revenue Mail Station 7703 St. Bard MN 55146 7703					
	St. Paul, MN 55146-7703					Dept. use only
	If you have questions, call 651-296 TTY users, call 711 for Minnesota F		1-800-652-9094.			Amount paid Initials
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We will provide information in an alternative format upon request.  $\ensuremath{\mathsf{Stock}}\xspace{No.1000100}\ensuremath{(\mathsf{Rev.12/07})}\xspace$ 

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