



Form M100, Request for Copy of Individual Tax Return

Taxpayer Name		Social Security Number or ITIN		
Street Address or PO Box		Minnesota or Federal Employer Identification Number (FEIN) (Sole Proprietors)		
Apt. or Suite	City	State	ZIP Code	
Phone Number	Fax Number	Email Address (Optional)		
For combined business returns: Filing entity name (if different from above)		Filing entity FEIN/TIN		

Type of Tax Return You are Requesting	Tax Form Name or Number (If known)	Tax Year or Period	Certified Copy
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

This form is not valid until signed and dated by the taxpayer.
 Parent, Guardian, Conservator: I certify that I have the legal authority to sign this form.

Signature	Date (MM/DD/YYYY)	Address, If Different from Taxpayer		
Print Name and Title, If Applicable	Phone Number	City	State	ZIP Code

Send a signed copy of this form to:
 Minnesota Department of Revenue
 Mail Station 7703
 600 N. Robert St.
 St. Paul, MN 55146-7703

If you have questions, call 651-296-3781 or 1-800-652-9094.

This information is available in alternate formats.