

Request for Copy of Tax Return

You must pay a \$5 processing fee for each copy of a tax return you are requesting. Make your check payable to Minnesota Revenue and mail it with your completed form to the address shown at the bottom of this form.

Note: Your request will not be processed without payment.

Enter the requested information and sign below.

Requestor's First Name and Middle Initial		Last Name	Social Security Number or Minnesota Tax ID Number
Date of Birth (MM/DD/YY)		Type of tax return(s) you are requesting:	
Business Name (if applicable)		<input type="checkbox"/> Individual Income (M1) <input type="checkbox"/> Property Tax Refund (M1PR)	
Street Address		<input type="checkbox"/> Other (please indicate):	
City	State	ZIP Code	Year(s) of returns being requested

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	<input type="checkbox"/> Check this box if you need a certified copy.
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Mail your completed Form M100 and check made payable to **Minnesota Revenue** to:

Minnesota Revenue
 Mail Station 7703
 600 North Robert Street
 St. Paul, MN 55146-7703

Dept. use only	
Amount paid	Initials

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