

Form M100, Request for Copy of Individual Tax Return

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|-----------------------------|--------------------------|------------|-------------------------------------------------------------------------------|-------|----------|
| Taxpayer Information | 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) | | |

| Type of Tax Return | Type of Tax Return You are Requesting | Tax Form Name or Number (If known) | Tax Year or Period | Certified Copy |
|---------------------------|----------------------------------------------|-------------------------------------------|---------------------------|--------------------------|
| | | | | <input type="checkbox"/> |
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| Signature | This form is not valid until signed and dated by the taxpayer. | | | | |
| | <i>Parent, Guardian, Conservator: I certify that I have the legal authority to sign this form.</i> | | | | |
| | Signature | Date | Address, If Different from Taxpayer | | |
| | | / / | | | |
| | Print Name and Title, If Applicable | Phone Number | City | State | ZIP Code |
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Include a \$5 processing fee for each copy you request.
Your request will not be processed without payment.

DO NOT SEND CASH.

Send a signed copy of this form with a check or money order payable to **Minnesota Department of Revenue** 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.