



Form M1EDR, Authorization to Release Tax Information for Assignment of Refunds

You must complete, sign, and return this form authorizing the Minnesota Department of Revenue to release certain private return information to the financial institution or organization specified below.

Taxpayer Information	Taxpayer Information	
	Your Name	Social Security Number/ITIN
	Spouse's Name (If Filing Jointly)	Spouse's Social Security Number/ITIN
Address		City State ZIP Code

Assignee Information	Assignee Information	
	Name of Financial Institution or Organization to Receive Tax Information	Minnesota Tax ID Number/FEIN
	Street Address	City State ZIP Code
Contact Name	Phone Number	

Taxpayers Sign Here	Taxpayers — Read and Sign Here		
	<i>I authorize the institution or organization listed above to receive the following private return information:</i>		
	<ul style="list-style-type: none"> Total tax owed Total recapture amounts Total recapture claims Total assigned refunds 		
	<i>This authorization is not valid unless signed and dated. Your spouse must sign if you file jointly.</i>		
Your Signature	Print Name	Date	Phone
Spouse's Signature (If Filing Jointly)	Print Spouse's Name (If Filing Jointly)	Date	Phone

This authorization will expire once the information is released to the financial institution or organization indicated above.

Mail to: Minnesota Department of Revenue
PO Box 64447
600 N. Robert Street
St. Paul, MN 55164-0447

Questions? Call 651-556-3003 or 1-800-657-3909 (toll-free)