DEPARTMENT OF REVENUE

Form REV189, Request for Copy of Return Related to Identity Theft

To authorize the department to the release a copy of a return related to identity theft to a designated recipient at a law enforcement agency use Form REV190, Authorization to Release Return Related to Identity Theft.

Victim	Taxpayer Name			Social Security Number or ITIN	
yer/	Street Address or PO Box	Apt. or Suite		Phone Number	Fax Number
Тахра	City	State	ZIP Code	Email Address (Optional)	

Tax Year or Period

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Signature

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Tax Form Name or Number

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	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 the department: Mail: Minnesota Department of Revenue

P.O. Box 64598

St. Paul, MN 55164-0598

Type of Tax Return You are Requesting

Fax:	651-556-5144 (Attn: ID Theft)
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Form REV189 Instructions

Purpose of This Form

By signing this form, you request that the Minnesota Department of Revenue provide you a copy of one or more tax returns listed above that used your name and/or Social Security number filed by a third-party without your consent (identity theft) with the department. For any such return, this is your private data.

Your Signature

This authorization is not valid until it is signed and dated by someone with legal authority to sign it. For most people, this is the taxpayer whose data is being shared.

If granting authority for a joint return, only one spouse needs to sign. Parents or legal guardians must sign for minors. For legal guardians, conservators, personal representatives, and others signing on behalf of the taxpayer, we require documents and a photo ID to confirm your legal authority.

We reserve the right to request additional information as needed.

Questions?

Website: www.revenue.state.mn.us Phone: 651-297-5195 or 800-657-3500