



## Request for Copies of Tax Information

It is important that you provide all information requested so that we can process your request. Additional information may be required.

Taxpayer's name (please print) \_\_\_\_\_

Social security number or FEIN \_\_\_\_\_

Contact phone number \_\_\_\_\_

Requested tax information. Please indicate year(s) \_\_\_\_\_

**Required** ► Signature \_\_\_\_\_

*Here is some important information regarding tax information requests.*

### **Sending Your Request**

You can request copies of your schedules and documents. We will send these documents to you, provided we have them in our records.

- Check this box if you need the supporting documentation for the year(s) requested.

You may send your signed request by mail or fax to:

Montana Department of Revenue  
Attn: Request for tax information  
PO Box 5805  
Helena, MT 59604-5805  
Fax: (406) 444-1505

### **Sending Your Payment**

There is a 50¢ per page charge for this service. A standard return is two pages. We ask that you indicate on your check memo line that the payment is for tax return copies.

Please mail your payment to:

Montana Department of Revenue  
Attn: Request for Tax Information  
PO Box 5805  
Helena, MT 59604-5805

### **Receiving Your Information**

We can mail or fax your information to you. Please check the box to indicate your preference and provide the necessary information.

- Mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Fax number: \_\_\_\_\_