



# Request for Copies of Tax Information

RTI  
V4 4/2022

Complete this form to request copies of your Montana tax information. If you are requesting this information on behalf of another taxpayer, you must provide a Power of Attorney from the taxpayer. Form POA is available at [MTRevenue.gov](http://MTRevenue.gov) or on the TransAction Portal (TAP) at <https://tap.dor.mt.gov>.

## Taxpayer Information

Taxpayer's Name	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Number	or Federal Employer ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Information Requested

Year(s) Requested \_\_\_\_\_

- Forms W-2
- Tax Return(s)
- Mark this box if you would like us to send copies of your Montana schedules and documents.
- Other. Specify: \_\_\_\_\_

## Method to Receive Information

Mail to:

Name
Address
City, State, ZIP Code

Electronically through Montana File Transfer Service. Enter the email you used to create your Montana File Transfer Service Account. You can create a Montana File Transfer Service Account at [transfer.mt.gov](http://transfer.mt.gov).

Email:

## Signature

**IMPORTANT:** You must include a proof of signature, such as a copy of your driver's license, state ID card, Social Security Card, etc., with your signed request.

\_\_\_\_\_  
Taxpayer or Authorized Representative Signature

\_\_\_\_\_  
Date

Send your signed request by mail or fax to:

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

Fax: (406) 444-6642

**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.