



MISSISSIPPI

STATE TAX COMMISSION

REQUEST FOR RELEASE OF COPIES OF INDIVIDUAL INCOME TAX RETURNS

DATE: _____

I HEREBY AUTHORIZE YOU TO PROVIDE _____ LIABILITY IN REGARD TO DISCLOSURE OF THE INFORMATION.

Social Security Number: _____ TAX YEAR(S): _____

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

By signing this document I authorize the release of the requested records to:
RECORDS DEPOSITION SERVICE, INC.
PO BOX 5054
SOUTHFIELD, MI 48086-5054
P: 248.357.3330 F: 248.357.3330

.....
STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public Signature

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments **must be** in the form of cash, a cashier's check or money order. We **do not accept personal checks** for copies. We **do not** recommend you send cash through the mail. **The charge for copies is \$2.00 for the first page and \$.50 for each additional page.** We will return this document with the charge shown below. Please allow 10 days for processing to request.

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