



Individual Income Tax Division
500 Clinton Center Drive
Clinton, MS 39056

Tax Transcript Request
Post Office Box 1033
Jackson, MS 39215-1033

**MISSISSIPPI
DEPARTMENT OF REVENUE**

INSTRUCTIONS

1. **One form per individual, regardless of marital or filing status.**
2. **Payment in the amount of \$10.00 must be received prior to the request being processed. Payment will only be accepted in the form of cashier's check or money order. Personal checks for tax transcript requests will not be accepted.**
3. **Request forms and payment should be mailed to:**

**Mississippi Department of Revenue
Individual Income Tax Transcript Request
P.O. Box 1033
Jackson, MS 39215-1033**
4. **All of the requested information must be provided on the request form. Any request form lacking the required information will not be processed.**
5. **If the requested information is not applicable to the taxpayer, please indicate this by inserting N/A in the appropriate space.**
6. **Notarization is not required if the tax transcript is to be provided only to the taxpayer.**
7. **Notarization is required for the tax transcript to be sent to anyone other than the taxpayer.**
8. **Only request forms received by mail, with an original signature will be processed. (Faxed forms are not acceptable.)**
9. **Tax Transcripts are only provided for proof of individual income tax filing.**



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

TAX TRANSCRIPT REQUEST

Form 80-700

I would like to request a tax transcript certifying that I filed Mississippi Individual Income Tax Returns for the last four years.

FULL NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 SOCIAL SECURITY NUMBER: _____
 SIGNATURE: _____ DATE: _____

In order to process this request, you must provide the following information for each tax year requested:

Tax year	Filing Status*	Full Legal Name of Joint Filer	Joint Filer's Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Filing Status – i.e.: (S) Single, (MFJ) Married Filing Joint Return, (MFS) Married Filing Separate Return, (HOF) Head of Family, (W) Widowed

If you wish for your tax transcript to be sent by mail to anyone other than yourself, please provide their information below. For information to be released to a third party, this form must be notarized.

NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

Please send my tax transcript to the person indicated above. I understand that by requesting my tax transcript to be sent to a third party, I am waiving the confidentiality provisions of §27-3-73 and §27-7-83 of the Mississippi Code of 1972.

SIGNATURE: _____ DATE: _____

SWORN AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20____.

My Commission Expires:

 SEAL NOTARY PUBLIC

Payment of \$10.00 must be submitted before this request will be processed. Payment must be in the form of cash, cashier's check, or money order. We do not accept personal checks for tax transcript requests. Please allow ten business days for processing.

The Department of Revenue certifies that, as of this date, this information is true and correct based upon the information provided by the taxpayer. In the event that the taxpayer supplied erroneous or incomplete information, this transcript is subject to review/amendment by the Department of Revenue.