



MISSOURI DEPARTMENT OF  
**REVENUE**  
Confidential Taxation Record Request

You may complete this form to request your taxation records remain confidential. The Department will not approve the request unless you, or an immediate family member, are eligible for the assumption of privacy under the Missouri Judicial Privacy Act.

Approval of this request will not prevent collection activity, such as tax judgements and/or garnishment, but will remove the information from public view.

Name (Last, First, and Middle Initial)		Social Security Number	ORI Number (if peace officer)
Street Address		City	State Zip Code
Date of Birth (MM/DD/YYYY) ____/____/____	Agency Name	Position or Title of Officer	Daytime Telephone Number (____) ____-____
If applicant is other than officer, provide officer's name and date of birth ____/____/____		Previous Name (if applicable)	Relationship to Officer

Pursuant to [Section 32.056 RSMo](#),

I certify that (select one):

- I am currently a, or
- I am an immediate family member of a

Position of Applicant or Family Member (select one):

- Justices of the Supreme Court of the United States;
- Judges of the United States Court of Appeals;
- Judges and magistrate judges of the United States District Courts;
- Judges of the United States Bankruptcy Court;
- Judges of the Missouri supreme court;
- Judges of the Missouri court of appeals;
- Judges and commissioners of the Missouri circuit courts, including of the divisions of a circuit court; or
- Prosecuting or circuit attorney, or assistant prosecuting or circuit attorney.

<b>Add Status</b>	Record(s) you wish to be confidential:	Also attach a copy of the applicant's official employment credentials or a letter, dated within the last 30 days, from the employing agency, which verifies employment and position. If the applicant on this form is an immediate family member, a copy of the officer's employment credentials must be attached to this form.
	<input type="checkbox"/> Individual Income Tax <input type="checkbox"/> Business Tax	

<b>Remove Status</b>	Record(s) you wish to remove the confidential status from:	This form can be mailed, emailed or faxed to remove a confidential status from your record(s).
	<input type="checkbox"/> Individual Income Tax <input type="checkbox"/> Business Tax	

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I further declare that when I discontinue being a county, state, or federal parole officer, federal pretrial officer or peace officer for any reason, I will notify the Department of Revenue.

Applicant Signature	Typed or Printed Name	Date (MM/DD/YYYY) ____/____/____
If applicant is an immediate family member of an officer, officer must sign here.	Typed or Printed Name	Date (MM/DD/YYYY) ____/____/____

**Mail to:** Taxation Division  
Attention: Collections  
P.O. Box 1646  
Jefferson City, MO 65105-1646

**Phone:** (573) 522-6276  
**Fax:** (573) 522-2404  
**E-mail:** [collections@dor.mo.gov](mailto:collections@dor.mo.gov)