

REQUEST FOR DOCUMENTATION

DATE:

NAME:

SS#:

ADDRESS:

CITY/STATE/ZIP

PHONE (where you can be reached immediately):

I/we request the following information be provided as instructed (check all that apply).

Email a copy of my _____ tax return(s) to the following address:
(year(s))

Fax a copy of my _____ tax return(s) to the following #:
(year(s))

Please include all supporting documents (W2s, 1099s, etc.).

Provide a letter outlining the following:

Other:

Note: a nominal fee may be charged for these services.

Signature(s):

MUENKS TAX COMPANY
9621 LACKLAND ROAD
ST. LOUIS, MO 63114
Email: preparer@muenkstax.com

(314)429-3252
(314)428-2465 (fax)
Website: muenkstax.com