



MISSOURI DEPARTMENT OF
REVENUE
Request for Tax Clearance

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D. Number

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Federal Employer I.D. Number

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Charter Number

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- Does this business have Missouri employees for which they are required to withhold Missouri taxes? Yes No
- Do you pay contributions to the Division of Employment Security? Yes No If yes, list account number _____

Ownership If there has been a change in the ownership of your business, you may need to contact Business Tax Registration at (573) 751-5860 to ensure your account is properly registered.

Corporation Partnership Sole Proprietorship
 Limited Liability Company Taxed as: Corporation Partnership Sole Owner

Business

Name	Doing Business As Name (DBA)		
Mailing Address	City	State	Zip Code

- Reason(s) for Request**
- I am completing the following transaction with the Missouri Secretary of State's Office.
 Reinstatement Withdrawal or Termination Merger — Date of Merger ____/____/_____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
 - I am completing the following transaction: Selling Business Assets Financial Closing MBE or WBE
 Missouri Quality Jobs Office of Administration Contract Bid greater than \$1,000,000 (Page 2 is required.)
 Other _____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
 - I require a sales or use tax Certificate of No Tax Due for the following: Select all that apply.
 Business License Liquor License Other (if not listed) _____
 - I require a sales or use tax Vendor No Tax Due to obtain or renew a contract with the state of Missouri. (Page 2 is required.)
 Contact person _____ Phone Number (_____) _____

Corporations If there has been a name change for this corporation, please provide prior name. _____

This corporation files consolidated corporation income tax returns in Missouri.
 Parent Corporation Information:
 Missouri Tax Identification Number

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 Federal Employer Identification Number

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Missouri corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.

Sole Proprietorships If individual income tax returns have been previously filed in another state, please provide a list of the states and years filed. Attach additional page(s) to this form if needed.

Your Social Security Number

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Spouse's Social Security Number

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Authorization All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a Power of Attorney designating the third party as its representative.

Name of Person Authorized to Receive This Information	Title	Phone Number (____)____-____	
Address	City	State	Zip Code
E-mail Address of Authorized Person			

Signature Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Owner or Officer	Title	Phone Number (____)____-____
Printed Name of Owner or Officer		Please fax the results to (____)____-____

Mail to: Taxation Division
 P.O. Box 3666
 Jefferson City, MO 65105-3666

Phone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

