



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<br>(____)____-____ |          |
| 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<br>(____)____-____              |
| Printed Name of Owner or Officer |       | Please fax the results to<br>(____)____-____ |

**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](mailto:taxclearance@dor.mo.gov)

