MISSOURI DEPARTMENT OF REVENUE

Form **943T**

Request for Tax Clearance for Transient Employers

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Charter Number

Reporting Period (MM/YY)

Home State of Incorporation

Begin Date Doing Missouri Business or Certificate of Authority in Missouri ___ ___ / ___ ___ / ___ ___ ___ ___

1. Does this business have Missouri resident employees for which they are required to withhold Missouri taxes? ☐ Yes ☐ No
2. Does the business have non-resident employees working in Missouri? ☐ Yes ☐ No
3. Do you pay contributions to the Division of Employment Security? ☐ Yes ☐ No If yes, what is the account number? _____

Ownership Type

Note: If there has been a change in the ownership of your business, contact the Taxation Division at the telephone number below to ensure your account is properly registered prior to requesting a Tax Clearance.

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company — Taxed as (select one) ☐ Corporation ☐ Sole Owner ☐ Partnership

Mailing Address

Name of Business or Corporation

Doing Business As (DBA)

Business Mailing Address

City

State

ZIP Code

Contact Person Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Contact Person E-mail Address

Corporations

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

☐ This corporation files consolidated corporation income tax returns in Missouri.

a. Parent corporation's FEIN that returns are filed under

Federal Tax Identification Number (FEIN)

b. Missouri Tax Identification Number of the parent corporation

Missouri Tax Identification Number

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

Sole Proprietorships

Your Social Security Number

Spouse's Social Security Number

If individual income tax returns have previously been filed in another state, please provide a list of the states and years filed.

_____

Authorization for Release

Authorization for Release of Confidential Information: 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

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

Printed Name

Title

Telephone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Date (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

Form 943T (Revised 09-2014)

Mail to: Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357

Phone: (573) 751-0459
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Visit http://dor.mo.gov/business/register/ for additional information.

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