



MISSOURI DEPARTMENT OF
REVENUE
Sales or Use Tax Protest Affidavit

Department Use Only
(MM/DD/YY)

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Reporting Period
(MM/YY)

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Missouri Tax I.D.
Number

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Federal Employer
I.D. Number

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This form is to be used for filing a sales or use tax protest in accordance with sales tax regulation

12 CSR 10-3.552 or **Section 144.700, RSMo.**

Claimant	Firm Name		Mailing Address			
	City	State	Zip Code	Total Sum		
	Periods Protested					

Protested Amount(s)	A complete breakdown of each specific tax must be made.		
	Tax Type	Tax Rate	Amount
	State	3%	
	Conservation	1/8%	
	Education	1%	
	Parks and Soil	1/10%	
		Total	

Reason for Protest	
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Signature	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.		
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature of Taxpayer or Agent	Title	Date (MM/DD/YYYY) __/__/____

Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) __/__/____	
	Notary Public Signature			
Notary Public Name (Typed or Printed)				

Mail to: Taxation Division
P.O. Box 3350
Jefferson City, MO 65105-3350

Phone: (573) 526-9938
TTY: (800) 735-2966
Fax: (573) 751-9409
E-mail: salesrefund@dor.mo.gov

Visit <http://dor.mo.gov/business/sales/>
for additional information.

Form 163B (Revised 02-2020)



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