



MISSOURI DEPARTMENT OF  
**REVENUE**  
Electronic Filing Waiver Request  
Sales and Use Tax

Effective July 30, 2021, you are required to file your sales and use tax returns electronically, if your business reports sales or use tax from three or more locations. If you are unable to submit your sales and use tax returns electronically or need additional time to establish your electronic filing method, you may complete this form to request a waiver from the electronic filing requirement. This waiver is only valid for one year after the date of submission.

If your business reports sales or use tax from only one or two locations, you are automatically exempt from the electronic filing requirement and do not need to complete this waiver. The Missouri Department of Revenue encourages all businesses to use our easy and quick online filing options at [mytax.mo.gov](http://mytax.mo.gov).

<b>Business Information</b>	Business Entity		If Sole Proprietor, First and Last Name of Owner		
	Missouri Identification Number (MOID) 		Tax Types <input type="checkbox"/> Retail Sales <input type="checkbox"/> Temporary Retail Sales <input type="checkbox"/> Vendor's Use <input type="checkbox"/> Consumer's Use		
	Mailing Address		City	State	ZIP Code
	Phone Number (____) ____ - ____	Email Address (if available)			
	Contact Name	Phone Number (____) ____ - ____			

<b>Reason for Waiver</b>	Check the appropriate reason for your waiver request and provide all requested information.	
	<input type="checkbox"/> No Computer <input type="checkbox"/> Internet Connectivity Limitation (please specify) _____ <input type="checkbox"/> Business Closed/Closing - Provide the date the business closed or will close. ____ / ____ / _____ <input type="checkbox"/> Other-State the specific reason _____	
Explain the steps you will take to attempt future electronic filing.		

<b>Signature</b>	Under penalties of perjury, I declare that the above information is true, complete, and correct. This waiver must be signed by the owner, officer, partners, member, or authorized representative. The signing party is acknowledging that they have direct supervision or control over tax matters.	
	Signature	Printed Name
Title	Date (MM/DD/YYYY) ____ / ____ / ____	