



Missouri Department of Revenue  
**Vendor's Use Tax Return**

Select this box if return is amended

Department Use Only  
(MM/DD/YY)

Grid for Department Use Only (MM/DD/YY)

In the event your mailing address, primary business location,  
or a reporting location changed, please complete the  
Registration Change Request (**Form 126**) and submit with your return.

Filing  
Frequency

Grid for Filing Frequency

PIN

Grid for PIN

Due Date  
(MM/DD/YY)

Grid for Due Date (MM/DD/YY)

Missouri Tax  
I.D. Number

Grid for Missouri Tax I.D. Number

Federal Employer  
I.D. Number

Grid for Federal Employer I.D. Number

Reporting Period  
(MM/YY)

Grid for Reporting Period (MM/YY)

Owner  
Name

Grid for Owner Name

Business  
Name

Grid for Business Name

Address

Grid for Address

City

Grid for City

State

Grid for State

ZIP  
Code

Grid for ZIP Code

**Totals For This Return**

	Gross Receipts	Adjustments (Indicate + or -)	Taxable Sales	Amount of Tax
1. Totals (All Pages) .....				
<b>Provide Tax Breakdown Starting With Page Two</b>				
You must provide a breakdown of tax, by location and item, on page two. If a breakdown is not provided your filing will be considered incomplete and may be subject to penalties and interest. Attach additional pages if necessary.				
<input type="checkbox"/> Select this box if you have added new locations				
<b>Final Return</b>				
If this is your final return, enter the close date below and check the reason for closing your account.				
Date Closed (MM/DD/YY)				
<input type="checkbox"/> Out of Business	<input type="checkbox"/> Sold Business			
2. Subtract: 2% timely payment allowance (if applicable) .....		-		
3. Subtract: Approved credit .....		-		
4. Balance Due .....		=		
5. Add: Interest for late payments (See Line 5 instructions).....		+		
6. Add: Additions to tax.....		+		
7. Pay this amount (U.S. funds only) .....		=		
			Department Use Only	

By signing this return I am authorizing the Department of Revenue to issue any potential refund(s). Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I have direct control, supervision, or responsibility for filing this return and payment of the tax due. I attest that I have no gross receipts to report for locations left blank.

Taxpayer or  
Authorized Agent's  
Signature

Grid for Taxpayer or Authorized Agent's Signature

Printed  
Name

Grid for Printed Name

Title

Grid for Title

E-mail  
Address

Grid for E-mail Address

Telephone  
Number

Grid for Telephone Number

Date Signed  
(MM/DD/YY)

Grid for Date Signed (MM/DD/YY)

**Mail to:** Taxation Division  
P.O. Box 840  
Jefferson City, MO 65105-0840

**Phone:** (573) 751-2836  
**TTY:** (800) 735-2966  
**Fax:** (573) 526-8747  
**E-mail:** [salesuse@dor.mo.gov](mailto:salesuse@dor.mo.gov)

Visit <https://dors.mo.gov/tax/busefile/login.jsp>  
to file your use tax return electronically.



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