REV	DEPARTMENT OF FOUND TO THE PROPERTY OF THE PRO	: Affidavit	Depari (MM/D	,	ng Period		
esouri Tax I.D.			Federal Employer I.D. Number				
se Number applicable)							
Owner's Name			Business Name				
Mailing Address		City					
State	State ZIP Code PI		Department Use Only FPRE				
	sed for filing a sales tax pro ax Payment Report (Form 2						
Business Location	on Tax Type	Gross Receipts	Indicate + or -)	Taxable Sales	Rate (%)	Amount of Tax	
City:	State				3%		
Lasation Cada	Conservation Education				1/8% 1%		
Location Code:	Parks and Soil				1/10%		
City:							
County:	-						
Site:	-						
		•	Enter total amour	nt of tax from Schedu	ule A (Page 3)		
		Enter Total Amount Of T					
the reason for clos	sing your account. The	ir final return, enter the close date below and select ar account. The Sales Tax law requires any person siness to make a final sales tax return within 15 days			only if paid by due date		
selling or disconting of the sale or closing					Total amount of tax due: (Line 1 minus Line 2)		
				Add: Interest for late payment (See Instructions)		<u>=</u> 4. +	
Leased Busir	☐ Leased Business ☐ Out of Business ☐ Sold Business Add: Additions to Tax (5% per month late of Line 3, maximum 25%)						
		authorize the Department of Revenue to process					
the check electronically. Any check returned unpaid may be presented again electronically.				amount: (Add Lines	=		

again electronically.

Department Use Only

								Page 2
Reasons for Protest								
No	te: Sales Tax Regulation 12 CSR 10-3.552 or S	Section 144.700			lied with or the p	rotest payment	t will be depos	sited to General
	Embosser or black ink rubber stamp seal	Revenue. Subscribed and sworn before me, this						
	Embosser of black link rubber stamp sear			day of			year	
>		State			ty (or City of St.	Louis)		sion Expires
Notary		Notary Publi	c Signature					
		Notary Public Name (Typed or Printed)						
Department Use Only	Disposition		Reason				Date	
ent	2.opcomo.i		11000011				/	/
Departm	Under penalties of perjury, I declare that the a	bove information	on and any	attached sup	pplement is true,	complete, and	correct. I hav	e direct control,
ıre	supervision, or responsibility for filing this return and payment of the tax of			due. I attest	that I have no gr	oss receipts to		
gna	Taxpayer or Authorized Agent's Signature	Title				Date (MM/D		
	Printed Name		Tax Period	(MM/DD/YYYY)				
					/		/	_/

Form 163 (Revised 02/2020)

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





	To com	plete Schedule A, refe	er to instructions on	page 3.			
Business Location	Tax Type	Gross Receipts	Adjustments Indicate + or -)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:							
Site:							
			A P		+ - +		
Business Location	Tax Type	Gross Receipts	Adjustments Indicate + or -)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:							
Site:							
					+		
Business Location	Tax Type	Gross Receipts	Adjustments Indicate + or -)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:							
Site:							
				Enter total	amount of tax		
	Enter total amount on page 1						
	Enter total amount on page 1						

This schedule is to be used only if the space provided on page 1 of the Protest Affidavit is insufficient to report all protest payments.



Business Identification: Enter Missouri Tax Identification Number, reporting period, owner's name, business name, and mailing address.

Business Location: Enter the address and code of each business location for which you are reporting a protest payment.

Tax Type: Listed in this column are the sales taxes administered by the Department. It is your responsibility to know which taxes you are liable for at each business location. Enter each city and county tax type which is being protested.

Gross Receipts: Enter protested amount of gross receipts by each specific tax type for each business location.

Adjustments: Enter authorized adjustments. Be sure to indicate "plus" or "minus" for each adjustment.

Taxable Sales: Compute taxable sales for each entry.

Gross Receipts (+) or (-) Adjustments = Taxable Sales

Tax Rate: The state, conservation, education, and parks and soil sales tax rates are preprinted in this column. If you are protesting a city or county tax payment, enter the local sales tax rate for each city or county tax type.

Amount of tax: Multiply taxable sales by the tax rate of each specific tax.

Total from Schedule A: Enter total amount of tax from Schedule A.

Line 1 — Total amount of tax: Compute total amount of taxes shown in the amount of tax column.

Line 2 — Timely payment allowance: If you file and pay on or before the due date, enter 2% of the amount shown on Line 1.

Line 3 — Follow instructions shown on front of form.

Line 4 — Interest For Late Payment: If tax is not paid by the due date, multiply Line 3 by the annual percentage rate and then multiply this amount by the number of days late divided by 365 (or 366 in a leap year). The annual percentage rate is subject to change each year. You can access the annual percentage rate on our website at http://dor.mo.gov/intrates.php.

Lines 5 and 6 — Follow instructions shown on front of form.

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