	MISSOURI DEPARTMENT OF REVENUE	Department Use Or (MM/DD/YY)	nly			
_[4(	Application For Direct Pay Au	uthorization				
Missour Number	Tax I.D.	Federal Employer I.D. Number				
	oplication is to be used for applying for or rezation, if issued, is valid for five years.  Type of application (select	New Application Re	ant to <u>Sect</u>	<u>t<b>ion 144.190.6, RSMo</b></u> . This		
	Business Name (attach list if necessary for addition	onal locations)				
_ ا	Physical Address (Do not use PO Box or Rural Route Number)			County		
Business Information	City		State	ZIP Code		
Bus	Business Telephone Number	E-mail Address				
	Mailing Address	City	State	ZIP Code		
	Owner Name (Enter Corporation or LLC Name, if	applicable)				
Owner Information	Address		County			
Ow	City		State	ZIP Code		
	List business locations for which you are req	uesting direct pay authorization (attach a su	upplementa	al list if necessary).		
	Street Address - Do Not Use PO Box or Rural Ro		County	, , , , , , , , , , , , , , , , , , ,		
	City		State	ZIP Code		
Business Locations	Is this business located inside the city limits of any city or municipality in Missouri?  No Yes - Specify the city:					
	Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.  No Yes - Specify the district name(s):					
sines	Street Address - Do Not Use PO Box or Rural Ro	oute	County			
Bu	City		State	ZIP Code		
	Is this business located inside the city limits of any city or municipality in Missouri?  No Yes - Specify the city:					
	Is this business located inside a district(s)? For example No Yes - Specify the district name(s):	xample, ambulance, fire, tourism, community, or t	ransportation	n development.		



	·			
City	State	ZIP Code		
this business located inside the city limits of any city or municipality in Missouri?				
No Yes - Specify the city:				
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No Yes - Specify the district name(s):				
Street Address - Do Not Use PO Box or Rural Route	County			
City	State	ZIP Code		
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No Yes - Specify the city:				
this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.				
No Yes - Specify the district name(s):				
Street Address - Do Not Use PO Box or Rural Route	County	unty		
City	State	ZIP Code		
Is this business located inside the city limits of any city or municipality in Missou	uri?			
No Yes - Specify the city:				
this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.				
No Yes - Specify the district name(s):				

Sales Tax Rule 12 CSR 10-104.040 provides in part that records must be submitted to demonstrate that the business or corporation annually purchases non-resalable items in excess of \$750,000.

Missouri Statute 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The application must be signed by the owner, if the business is a sole ownership; partner, if the business is a partnership; reported officer, if the business is a corporation or by a member, if the business is an L.L.C. as reported on this application. Signature of Officer or Responsible Person Signature Printed Name E-mail Address Social Security Number Date of Birth (MM/DD/YYYY) Date (MM/DD/YYYY)

E-mail: salestaxexemptions@dor.mo.gov

Form 4098 (Revised 11-2019)

Mail to: **Taxation Division** 

P.O. Box 358

Jefferson City, MO 65105-0358

Phone: (573) 751-2836 Fax: (573) 522-1666 TTY: (800) 735-2966





Visit dor.mo.gov/taxation/business/tax-types/sales-use/ for additional information.