



MISSOURI DEPARTMENT OF REVENUE  
**REQUEST FOR INFORMATION OF STATE  
 AGENCY LICENSE NO TAX DUE ONLINE  
 ACCESS**

FORM <b>4379B</b> (REV. 06-2011)	State Agency _____
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**STATE AGENCY**

NAME OF STATE AGENCY:		
STREET:		
CITY:	STATE:	ZIP CODE:

**ONLINE NO TAX DUE ACCESS**

Effective January 1, 2009 the possession of a statement from the Department of Revenue stating no tax is due under section 143.191 to 143.265.RSMo, (withholding tax) or sections 144.010 to 144.510, RSMo, (sales tax) shall be prerequisite to issuance or renewal of any state license required for conducting any business where goods are sold at retail. Through the online No Tax Due System, a state agency may determine if a business has "no tax due" without requiring a certificate to be issued by the Department. The information obtained from the online system is strictly confidential according to Section 32.057, RSMo. Persons authorized to access taxpayer information may only do so in the performance of their official duties.

I am Requesting Access to the online No Tax Due System

**AUTHORIZED INDIVIDUALS ACCESS TO ONLINE NO TAX DUE**

PRINT NAME:	TITLE:	EFFECTIVE DATE: ___/___/_____
E-MAIL ADDRESS:		PHONE NUMBER: (___) ___-_____
SIGNATURE:		DATE: ___/___/_____
PRINT NAME:	TITLE:	EFFECTIVE DATE: ___/___/_____
E-MAIL ADDRESS:		PHONE NUMBER: (___) ___-_____
SIGNATURE:		DATE: ___/___/_____
PRINT NAME:	TITLE:	EFFECTIVE DATE: ___/___/_____
E-MAIL ADDRESS:		PHONE NUMBER: (___) ___-_____
SIGNATURE:		DATE: ___/___/_____

**DIVISION DIRECTOR AUTHORIZATION**

As Division Director, I authorize and hereby confirm that the individual(s) named above will receive and/or perform the inspection or audit on behalf of the Department. We have reviewed and will comply with Section 32.057, RSMo pertaining to the strict confidentiality of all records of the Missouri Department of Revenue to which access has been granted.

Print Name:	
Title:	Date:
Signature:	

**Mail completed form to:** Missouri Department of Revenue, Taxation Division, P.O. Box 3666, Jefferson City, MO 65105-3666  
 or fax to: (573) 522-1265.

FOR DEPARTMENT USE ONLY	
DATE RECEIVED	AGENCY CODE

## **REQUEST FOR INFORMATION OF STATE AGENCY LICENSE NO TAX DUE ONLINE ACCESS**

It is important to note that the tax information received is confidential and may only be used according to the provisions of Section 32.057 and Section 144.083, RSMo.

To receive this tax information, the appropriate authorized Division Director of your agency must complete and sign the Missouri Department of Revenue Form 4379B. You must identify each person authorized to receive this information. If the person authorized to receive this information changes, complete a new form. If more than three persons will be authorized to receive reports, please submit an attachment with the required information.

Each state agency must complete this form each year to renew passwords and maintain access to the online license no tax due system.

In order to ensure that your request will be processed in time for your renewal, mail or fax the completed form one month before you would like to receive the information and have the Department of Revenue notify delinquent taxpayers. If this form is not properly completed, we will return it for the additional information.

Please return the completed form to the Missouri Department of Revenue, Taxation Division, P.O. Box 3666, Jefferson City, Missouri 65105-3666 or fax it to (573) 522-1265. If you have questions regarding your request or we may be of other assistance, please contact the Taxation Division at the above address or call (573) 751-9268.