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Missouri Number	Tax I.D.										Feder I.D. N	al Employer umber												
Charter Number												orting Perio 1/YY)	d											
Home S	Home State of Incorporation Begin Date Doing Missouri Business or Certificate of Authority in Missouri //																							
1. Does this business have Missouri resident employees for which they are required to withhold Missouri taxes? Yes No 2. Does the business have non-resident employees working in Missouri? Yes No 3. Do you pay contributions to the Division of Employment Security? Yes No If yes, what is the account number?																								
Ownership Type	Note: If there has been a change in the ownership of your business, contact the Taxation Division at the telephone number below to ensure your account is properly registered prior to requesting a Tax Clearance. Corporation Partnership Sole Proprietorship Limited Liability Company — Taxed as (select one) Corporation Sole Owner Partnership																							
Mailing Address	Name of E			ation								oing Business	s As (D	BA)										
	Business Mailing Address								0	City							5	State ZIP Code						
	Contact P	erson Pho)	ne Numb	oer -			_	Contact	Persor	n E-ma	ail Addr	ess												
Corporations	If there has been a name change for this corporation, please provide the prior name. This corporation files consolidated corporation income tax returns in Missouri. a. Parent corporation's FEIN that returns are filed under b. Missouri Tax Identification Number of the parent corporation Federal Tax Identification Number (FEIN) Missouri Tax Identification Number Missouri corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.																							
Sole Proprietorships	Your Social Security Number Spouse's Social Security Number If individual income tax returns have previously been filed in another state, please provide a list of the states and years filed.																							
	Authorization for Release of Confidential Information: All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a Power of Attorney designating the third party as its representative.																							
Authorization for Release	Name of Person Authorized to Receive This Information Title														Phon (e Nu	mbei	_)	_					
	Address									C	City								State		ZIP C	ode		
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.																							
	Signature of Owner or Officer											Printed Name	rinted Name											
	Title Te								Telep (hone	Numbe	r _	- Date (M						/M//DD/YYYY) / /					
Mail to:	: Taxatior P.O. Bo Jefferso Visit <u>htt</u>	x 357 n City, N	IO 651			Fax: E-ma	(573) il: <u>bu</u>		722 <mark>staxr</mark>	egist		or.mo.gov							60401					 09-2014)