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Missouri Department of Revenue
Application For Direct Pay Authorization

Department Use Only (MM/DD/YY)

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Missouri Tax I.D. Number

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Federal Employer I.D. Number

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This application is to be used for applying for or renewing the direct pay authorization pursuant to [Section 144.190.6, RSMo](#). This authorization, if issued, is valid for five years.

Type of application (select one):
New Application Renewal

Business Information

Business Name (attach list if necessary for additional locations)			
Physical Address (Do not use PO Box or Rural Route Number)			County
City		State	Zip Code
Business Telephone Number (____) - _____		E-mail Address	
Mailing Address		City	State Zip Code

Owner Information

Owner Name (Enter Corporation or LLC Name, if applicable)			
Address			County
City		State	Zip Code

Business Locations

List business locations for which you are requesting direct pay authorization (attach a supplemental list if necessary).

Street Address - Do Not Use PO Box or Rural Route			County
City		State	Zip Code
Is this business located inside the city limits of any city or municipality in Missouri? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:			
Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development. <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the district name(s):			
Street Address - Do Not Use PO Box or Rural Route			County
City		State	Zip Code
Is this business located inside the city limits of any city or municipality in Missouri? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:			
Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development. <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the district name(s):			



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12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Business Locations Continued

Street Address - Do Not Use PO Box or Rural Route	County	
City	State	Zip Code
Is this business located inside the city limits of any city or municipality in Missouri? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:		
Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development. <input type="checkbox"/> No <input type="checkbox"/> 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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Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development. <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the district name(s):		
Street Address - Do Not Use PO Box or Rural Route	County	
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To verify if the business is located inside the city limits of any city or municipality visit <https://dors.mo.gov/tax/strgis/index.jsp>.

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.

Signature

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	Title	
Printed Name	E-mail Address	
Social Security Number	Date of Birth (MM/DD/YYYY)	Date (MM/DD/YYYY)
	___ / ___ / _____	___ / ___ / _____

Form 4098 (Revised 08-2015)

Mail to: Taxation Division
P.O. Box 358
Jefferson City, MO 65105-0358

Phone: (573) 751-2836
TTY: (800) 735-2966
Fax: (573) 522-1271
E-mail: salestaxesemptions@dor.mo.gov

Visit <http://dor.mo.gov/business/sales/> for additional information.



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