

16 Home State of Incorporation _____ Begin Date Doing Missouri Business or Certificate of Authority in Missouri _____/_____/_____

18 1. Does this business have Missouri resident employees for which they are required to withhold Missouri taxes? Yes No
19 2. Does the business have non-resident employees working in Missouri? Yes No
20 3. Do you pay contributions to the Division of Employment Security? Yes No If yes, what is the account number? _____

21 **Ownership Type**
22 Note: If there has been a change in the ownership of your business, contact the Taxation Division at the telephone number below to
23 ensure your account is properly registered prior to requesting a Tax Clearance.
24 Corporation Partnership Sole Proprietorship Limited Liability Company — Taxed as (select one)
25 Corporation Sole Owner Partnership

26 **Mailing Address**
27 Name of Business or Corporation _____ Doing Business As (DBA) _____
28 Business Mailing Address _____ City _____ State _____ Zip Code _____
29 Contact Person Phone Number _____ Contact Person E-mail Address _____
30 (_____-_____-_____) - _____ - _____ - _____ - _____
31
32

33 **Corporations**
34 If there has been a name change for this corporation, please provide the prior name. _____
35 This corporation files consolidated corporation income tax returns in Missouri.
36 a. Parent corporation's FEIN that returns are filed under b. Missouri Tax Identification Number of the parent corporation
37 Federal Tax Identification Number (FEIN) Missouri Tax Identification Number
38 _____ _____
39 Missouri corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.

40 **Sole Proprietorships**
41 Your Social Security Number Spouse's Social Security Number
42 _____ _____
43 If individual income tax returns have previously been filed in another state, please provide a list of the states and years filed.
44 _____
45

46 **Authorization for Release**
47 Authorization for Release of Confidential Information: All correspondence will be released to the person authorized below. Release of
48 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
49 further information from the Department. To obtain additional information or to represent the taxpayer before the Department, the
50 taxpayer must execute a Power of Attorney designating the third party as its representative.
51 Name of Person Authorized to Receive This Information Title Phone Number
52 _____ _____ (_____-_____-_____) - _____ - _____
53 Address City State Zip Code
54 _____ _____ _____ _____

55 **Signature**
56 Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
57 Signature of Owner or Officer Printed Name
58 _____ _____
59 Title Telephone Number Date (MM/DD/YYYY)
60 _____ (_____-_____-_____) - _____ - _____/_____/_____
61