



MISSOURI DEPARTMENT OF REVENUE
**REQUEST FOR TAX CLEARANCE FOR
 TRANSIENT EMPLOYERS**

Phone: (573) 751-0459 Fax: (573) 522-1721

FORM
943T
 (REV. 11-2007)

This form must be filed before any information can be disclosed. Please complete this form in its entirety and mail to the Missouri Department of Revenue, Taxation Bureau, P.O. Box 295, Jefferson City, Missouri 65105-0295. This will ensure that your clearance is processed without unnecessary delay.

TYPE OF OWNERSHIP (PLEASE CHECK ONE)

CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY

CORPORATION NAME

DOING BUSINESS AS NAME (DBA)

BUSINESS STREET ADDRESS

CITY, STATE, ZIP CODE

NATURE OF BUSINESS

MO TAX IDENTIFICATION NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

DOES BUSINESS HAVE EMPLOYEES IN MISSOURI?

YES NO

MISSOURI UNEMPLOYMENT INSURANCE COMPENSATION NUMBER

IF A CORPORATION ▶

MO CORPORATION CHARTER NUMBER

HOME STATE OF INCORPORATION

BEGIN DATE DOING MO BUSINESS / CERTIFICATE OF AUTHORITY IN MO

A corporation is liable to pay franchise tax if Line 6A or 6B on the Franchise Tax Report is more than \$200,000 for years beginning on or after January 1, 1988 through December 31, 1999. Is your corporation liable for Franchise Tax for these years?

YES NO **IF NO, STATE YEAR(S) WHICH ARE NOT REQUIRED TO BE FILED** _____

For years beginning on or after January 1, 2000, if the assets of the corporation are less than or equal to \$1,000,000 a franchise tax is not due, however, it is mandatory that a Franchise Tax Return be filed.

Did the corporation have a prior name?

YES NO If yes, please state the previous name _____

Does the corporation file a consolidated corporation income tax return in Missouri?

YES NO If yes, give parent name/FEIN _____

IF A SOLE PROPRIETORSHIP ▶

HUSBAND'S SOCIAL SECURITY NUMBER

WIFE'S SOCIAL SECURITY NUMBER

Have you filed individual income tax returns in other states?

NO YES If "yes", what years? _____

Have you resided in state(s) where no income tax return is required?

NO YES If "yes", what state(s)? _____

If "yes", what year(s)? _____

If "no" explain: _____

How long have you been a Missouri resident? _____

IF A PARTNERSHIP ▶

Please attach a listing showing partner's names, home addresses, and social security numbers/federal employer identification numbers.

MISSOURI CIGARETTE WHOLESALER LICENSE NUMBER

MISSOURI MOTOR FUEL LICENSE NUMBER

The Department of Revenue will process your tax clearance and notify you regarding the status of your account. **Please note that if the taxpayer owes any taxes it will be shown on the denial of tax clearance letter issued by the department.** This denial of tax clearance will be sent to the person authorized to receive the tax clearance letter. If your account is clear, a certificate of tax clearance will be issued by the Department of Revenue.

If the requestor is other than an officer of the corporation, the Authorization for Release of Confidential Information section below must be completed before any information can be disclosed.

SIGNATURE

Under penalties of perjury I declare that the above information is true, accurate, and complete.

SIGNATURE OF OWNER/OFFICER

TITLE

TELEPHONE NUMBER

(____) _____ - _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Release of this information to a third party 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 represent the taxpayer before the department, it is necessary for the taxpayer to execute a Power of Attorney designating the third party as its representative.

NAME

TITLE

REPRESENTING

ADDRESS

CITY, STATE, ZIP CODE

PLEASE SEND ORIGINAL TO: MISSOURI DEPARTMENT OF REVENUE, TAXATION BUREAU, P.O. BOX 295, JEFFERSON CITY, MO 65105-0295