



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

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

FORM <b>943T</b> (REV. 01-2009)	
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**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND MAIL TO THE MISSOURI DEPARTMENT OF REVENUE, TAXATION BUREAU, P.O. BOX 295, JEFFERSON CITY, MO 65105-0295 TO OBTAIN A TAX CLEARANCE.**

MISSOURI TAX IDENTIFICATION OR EXEMPTION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	CHARTER NUMBER/CERTIFICATE OF AUTHORITY NUMBER
_____	_____	_____

HOME STATE OF INCORPORATION	BEGIN DATE DOING MISSOURI BUSINESS/CERTIFICATE OF AUTHORITY IN MISSOURI
_____	____/____/____

1. Does this business have Missouri employees for which they are required to withhold Missouri taxes?  YES  NO
2. Does the business have employees working in Missouri?  YES  NO
3. Do you pay contributions to the Division of Employment Security?  YES  NO If yes, what is that account number? \_\_\_\_\_

**TYPE OF OWNERSHIP** If there has been a change in the ownership of your business, you may need to contact the Taxation Bureau at (573) 751-0459 to ensure your account is properly registered.

- CORPORATION  SOLE PROPRIETORSHIP  PARTNERSHIP  LIMITED LIABILITY COMPANY — How are you taxed? (**check one**)
- As a corporation  As a sole owner  As a partnership

**MAILING ADDRESS OF BUSINESS**  
 (NOTE: This is where the correspondence will be mailed, if the Authorization for Release of Confidential Information Section below is not completed.)

NAME OF BUSINESS OR CORPORATION	DOING BUSINESS AS NAME (DBA)
_____	_____
BUSINESS MAILING ADDRESS	CITY, STATE, ZIP CODE
_____	_____
CONTACT PERSON	CONTACT PHONE NUMBER
_____	(____) _____ - _____

**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. The parent corporation's FEIN that these returns are being filed under is: \_\_\_\_\_
- b. The Missouri Tax Identification Number of the parent corporation is: \_\_\_\_\_
- Missouri corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.*

<b>SOLE PROPRIETORSHIPS</b>	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.

NAME OF PERSON AUTHORIZED TO RECEIVE THIS INFORMATION	TITLE	PHONE NUMBER
_____	_____	(____) _____ - _____
ADDRESS	CITY, STATE, ZIP CODE	
_____	_____	

<b>SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER</b> Under penalties of perjury I declare that the above information is true and complete.		
SIGNATURE OF OWNER/OFFICER	TITLE	PHONE NUMBER
_____	_____	(____) _____ - _____

**PLEASE MAIL THE COMPLETED FORM TO: MISSOURI DEPARTMENT OF REVENUE, TAXATION BUREAU, P.O. BOX 295, JEFFERSON CITY, MO 65105-0295.**