



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
 P O BOX 2200, JEFFERSON CITY, MO 65105-2200
ANNUAL SUMMARY AND TRANSMITTAL OF MISSOURI FORMS MO-99 MISC.

FORM MO-96 (REV. 02-2009)	200 _____
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NOTE: Enter the total number of Federal 1099 NEC forms if substituted for the Missouri Form MO-99 MISC.

ENTER NUMBER OF DOCUMENTS		All documents are: (Place an "X" in the proper boxes.)			
		ORIGINAL	CORRECTED	WITH TAXPAYER IDENTIFYING NO.	WITHOUT TAXPAYER IDENTIFYING NO.
PAYER'S identifying number		Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65105-2200 I have direct control, supervision or responsibility for filing this return. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.			
Type or Print PAYER'S name, address, and ZIP code above.					
SIGNATURE	TITLE	DATE ____ / ____ / _____			

MO 860-1106 (02-2009)

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