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MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

APPLICATION FOR DIRECT PAY AUTHORIZATION

FORM **4098** (REV. 10-2007)

1.

This application is to be used for applying for or renewing the direct pay exemption authorization pursuant to Section 144.190.4, RSMo. This authorization, if issued, is valid for five (5) years.

PLEASE PRINT OR TYPE AND COMPLETE ALL LINES — Do not write in shaded areas. Mail completed application or direct questions to: Missouri Department of Revenue, Taxation Division, P.O. Box 358, Jefferson City, MO 65105-0358 or call (573) 751-2836.

2. YOUR MISSOURI TAX IDENTIFICATION NUMBER

3. EFFECTIVE DATE M M D D C C Y Y

EXPIRATION DATE M M D D C C Y Y

4. TYPE OF APPLICATION

☐ NEW ☐ RENEWAL

CODE

5. PRIMARY BUSINESS LOCATION

BUSINESS TRADE NAME	BUSINESS PHONE (AREA CODE & NUMBER) ( )		
STREET ADDRESS (DO NOT USE P.O. BOX OR RURAL ROUTE)	COUNTY		CODE
CITY	CODE	STATE	ZIP CODE

6. OWNER NAME AND ADDRESS

OWNER NAME			
STREET OR RURAL ROUTE, P.O. BOX NUMBER	COUNTY		CODE
CITY	CODE	STATE	ZIP CODE

7. MAILING ADDRESS ☐ 1 BUSINESS ADDRESS ☐ 2 OWNER ADDRESS ☐ 3 OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS OR P.O. BOX				
CITY	STATE	ZIP CODE	COUNTY	CODE

8. ADDRESS WHERE BOOKS AND RECORDS ARE KEPT

☐ 1 BUSINESS ADDRESS ☐ 2 OWNER ADDRESS ☐ 3 MAILING ADDRESS ☐ 4 OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS - DO NOT USE P.O. BOX OR RURAL ROUTE				
CITY	STATE	ZIP CODE	COUNTY	CODE

9. 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 seven hundred fifty thousand dollars ($750,000). Attach invoices, statements, etc.

This publication is available upon request in alternative accessible format(s).

10. LIST BUSINESS LOCATIONS FOR WHICH YOU ARE REQUESTING DIRECT PAY AUTHORIZATION. (ATTACH SUPPLEMENTAL LIST, IF NECESSARY)

1.

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE			CITY	
STATE	ZIP CODE	COUNTY	COUNTY	CITY
WITHIN WHAT CITY LIMITS, IF ANY, IS THE ABOVE ADDRESS?				

2.

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE			CITY	
STATE	ZIP CODE	COUNTY	COUNTY	CITY
WITHIN WHAT CITY LIMITS, IF ANY, IS THE ABOVE ADDRESS?				

3.

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE			CITY	
STATE	ZIP CODE	COUNTY	COUNTY	CITY
WITHIN WHAT CITY LIMITS, IF ANY, IS THE ABOVE ADDRESS?				

4.

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE			CITY	
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WITHIN WHAT CITY LIMITS, IF ANY, IS THE ABOVE ADDRESS?				

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7.

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE			CITY	
STATE	ZIP CODE	COUNTY	COUNTY	CITY
WITHIN WHAT CITY LIMITS, IF ANY, IS THE ABOVE ADDRESS?				

11. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE	TITLE	DATE
		_ _ / _ _ / _ _ _ _

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