Form	
_ 4098	Application For Direct Pay Authorization
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Department Use Only				
(MM/DD/YY)				

Missouri Tax I.D. Federal Employer							1	1	1			
Number	Missouri Tax I.D.					Federal Employer						
	Number					I.D. Number						

This application is to be used for applying for or renewing the direct pay authorization pursuant to <u>Section 144.190.6, RSMo</u>. This authorization, if issued, is valid for five years.

Type of application (select one):

New Application

Renewal

	Business Name (attach list if necessary for additio	nal locations)		
ess ation	Physical Address (Do not use PO Box or Rural Ro	oute Number)	County	
Busines nformati	City		State	ZIP Code
B Infi	Business Telephone Number ()	E-mail Address		
	Mailing Address	City	State	ZIP Code

on	Owner Name (Enter Corporation or LLC Name, if applicable)		
nformation	Address	County	
Inf	City	State	ZIP Code

List business locations for which you are requesting direct pay authorization (attach a supplemental list if necessary).

Street Address - Do Not Use PO Box or Rural Route	County	
City	State	ZIP Code
Is this business located inside the city limits of any city or municipality in Missouri?		
No Yes - Specify the city:		
Is this business located inside a district(s)? For example, ambulance, fire, tourism No Yes - Specify the district name(s):	, community, or transportat	on development.
Street Address - Do Not Use PO Box or Rural Route	County	

Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.

No Yes - Specify the district name(s):

Owner



	County	
City	State	ZIP Code
Is this business located inside the city limits of any city or municipality in M	issouri?	
No Yes - Specify the city:		
Is this business located inside a district(s)? For example, ambulance, fire,	tourism, community, or transporta	tion development.
No Yes - Specify the district name(s):		
Street Address - Do Not Use PO Box or Rural Route	County	
City	State	ZIP Code
Is this business located inside the city limits of any city or municipality in N	lissouri?	
No Yes - Specify the city:		
Is this business located inside a district(s)? For example, ambulance, fire,	tourism, community, or transporta	tion development.
	tourism, community, or transporte	tion development.
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Is this business located inside a district(s)? For example, ambulance, fire, INO Yes - Specify the district name(s): Street Address - Do Not Use PO Box or Rural Route City Is this business located inside the city limits of any city or municipality in M	County State issouri?	ZIP Code
Is this business located inside a district(s)? For example, ambulance, fire, No Yes - Specify the district name(s): Street Address - Do Not Use PO Box or Rural Route City Is this business located inside the city limits of any city or municipality in M No Yes - Specify the city:	County State issouri?	ZIP Code

Sales Tax Rule <u>12 CSR 10-104.040</u> provides in part that records must be submitted to demonstrate that the business or corporation annually purchases non-resalable items in excess of \$750,000.

Missouri Statute <u>32.057</u>, <u>RSMo</u>, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them.

 Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The application must be signed by the owner, if the business is a sole ownership; partner, if the business is a partnership; reported officer, if the business is a corporation or by a member, if the business is an L.L.C. as reported on this application.

 Signature of Officer or Responsible Person
 Title

 Printed Name
 E-mail Address

 Social Security Number
 Date of Birth (MM/DD/YYYY)
 Date (MM/DD/YYYY)

 Image: Image:

Mail to: Taxation Division P.O. Box 358 Jefferson City, MO 65105-0358

 Phone:
 (573) 751-2836

 Fax:
 (573) 522-1666

 TTY:
 (800) 735-2966

ocations Continued



E-mail: <u>salestaxexemptions@dor.mo.gov</u> Visit <u>dor.mo.gov/taxation/business/tax-types/sales-use/</u> for additional information.

