



MISSOURI DEPARTMENT OF
REVENUE

**Request for Information or Audit of Local
Sales and Use Tax Records**

Sections [32.057](#) and [144.121, RSMo](#), allow the Missouri Department of Revenue to release local sales and local use tax information to cities, counties, and districts that have imposed a sales tax or local option use tax. The Department has made this information available in three free reports; the Open Business Locations Report, The Financial Sales Distribution Report, and the Financial Use Tax Distribution Report.

The Department has made these reports available on a secure portal, MyTax Missouri. Please log onto the MyTax Missouri portal at mytax.mo.gov and sign up for access as a Government User. Each individual with the political subdivision listed on Form 4379 will need to register separately on MyTax Missouri as a Government User. Each Government User will receive an e-mail with their temporary password at which time they may log into MyTax Missouri and set up a series of security questions and make any changes to their user profile. Once you have requested access complete Form 4379 and submit it to the Department. We will validate the information provided on the form and grant access as requested.

Instructions

Confidentiality Statement

The reports, attachments, e-mails, or written correspondence you will receive contains confidential information. All persons listed on the form and any attachments are subject to the provisions of Section 32.057, RSMo. Those listed can only access the information in performing their official duties related to the administration of the tax and cannot disclose this information to the public, any media source, or any other official who is not authorized to receive it.

Individuals Authorized to View and Download Reports

Please print the names of anyone that will be authorized to view the reports. Each person listed must sign and date the form. If you need to authorize additional persons please include an attachment stating such, including the same information in this section. If you need to change who is authorized to view your reports you must complete and submit a new Form 4379. All persons listed on this form will receive a user ID and password to log into the MyTax Missouri portal and access to the secure reports. If the person listed is also authorized to download and view reports for another city, county or district, that person will have a different user ID and password for each political subdivision.

Chief Executive Authorization

Please print the name and title of the chief executive of the city, county, or district making this request. If a city, this would be the mayor or equivalent. If a county, this would be the presiding commissioner. If a district, this would be the chairman of the district or a board member of the district. The person listed here must also sign and date the form.

The political subdivision of _____ (name of city, county, or district) Missouri, according to the provisions of Sections 32.057 and 144.121, RSMo, formally requests to inspect or audit any and all records requested below pertaining to the administration, collection, and enforcement of its sales tax or local option use tax.

List below the individuals needing access to the MyTax Missouri portal. Each user will need to have a unique e-mail address. Please print.

Authorization For Access

Name	Title	Signature	Date (MM/DD/YYYY) ____/____/____
E-mail Address	Telephone Number (____) _____ - _____	User ID	
Name	Title	Signature	Date (MM/DD/YYYY) ____/____/____
E-mail Address	Telephone Number (____) _____ - _____	User ID	
Name	Title	Signature	Date (MM/DD/YYYY) ____/____/____
E-mail Address	Telephone Number (____) _____ - _____	User ID	
Name	Title	Signature	Date (MM/DD/YYYY) ____/____/____
E-mail Address	Telephone Number (____) _____ - _____	User ID	

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete and correct. As chief executive of the city, county, or district I authorize and hereby confirm that the individual(s) named on this form and any attachments will receive and perform the inspection or audit on behalf of the city, county, or district. We have reviewed and will comply with Sections 32.057, 144.121, and [144.122, RSMo](#), pertaining to the strict confidentiality of all records of the Missouri Department of Revenue to which access has been granted.

Print Name	Title	Signature	Date (MM/DD/YYYY) ____/____/____
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Mail to: Taxation Division
P.O. Box 3380
Jefferson City, MO 65105-3380

Phone: (573) 751-4876
Fax: (573) 522-1160
E-mail: localgov@dor.mo.gov

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