Form MO-3NR Form MO-3NR	ation With eement	holding							290100				
For calendar year Jan. 1 - Dec. 31, 2020, or	fiscal yea	ır beginnir	ng		,		and e	nding]		,		·
Revocation Indicator		D	epa	tment Us	e Onl	у							
Partnership SCorporation				tion Number		Missouri Tax Identification Number							
Business Name City City			Stre	et Address	1	1	I			<u> </u>			
City City	State	tate ZIP Code E-mail Address											
Taxpayer Name						Social Security Number							
Street Address	City				State	<u> </u>	I		ZIP Co	ode		I	
 request to be exempt from Missouri income ta or S corporation for the tax year 2020, and all this agreement, I agree to: 1) File an individual income tax return in ac of all taxes imposed on me by this state I maintain my exemption status; and 2) Be subject to personal jurisdiction in this and penalties, imposed on me by this state 	subsequer ccordance with respe	with the present to the in	, until rovisi icom e of t	I notify the ons of <u>Sec</u> e of the pa he collection	Deparent Continent Treation of i	rtmen ⁻ 143.4 hip or	t of a ch <u>81, RS</u> S corp e taxes	mange <u>Mo</u> , a poratic s, toge	in this and ma on for e ether v	election ake time every with re	on. By nely p year i elated	v sigi bayn in wl	ning nent hich
Taxpayer Name	Taxpayer Name					Social Security Number							
Street Address	City				State				ZIP Co	ode	i		
I, corporation, do hereby revoke my previous time, I request to be subject to withholdin received through this partnership or S co Department of a change in this election.	ous withh ng by this	olding ele partnersh	ctior	dated	ation	_ / on m	y Miss	_ / ouri c	distribu	utive s	 share	At iter	this n(s)
Under penalties of perjury, I declare that the above	ve informati	on and any a	-		nent is t	true, c	omplete	, and o	correct.				
Signature of Taxpayer	Signature of Taxpayer			Printed Name									
Under penalties of perjury, I declare that the above Signature of Taxpayer Paytime Telephone ()	Date (MM/D	D/YYYY)				Depar	tment Us	e Only					
									Forr	m MO-3N			2-2020)

Mail to: Taxation Division P.O. Box 3815 Jefferson City, MO 65105-3815 Phone: (573) 751-1467 TTY: (800) 735-2966 Fax: (573) 526-7939 E-mail: <u>income@dor.mo.gov</u>

Visit <u>http://dor.mo.gov/business/partner</u> for additional information.



Form MO-3NR Instructions Partnership or S Corporation Withholding Exemption or Revocation Agreement

The Form MO-3NR is used to initiate an agreement between the nonresident partner or S corporation shareholder and the Missouri Department of Revenue (Department) for an election of exempt status from Missouri income tax withholding on Missouri distributive share item(s) of partnership or S corporation income. Additionally, the Form MO-3NR can be used to revoke a previous election of exempt withholding status.

Note: If you are electing to revoke your withholding exemption status, please check the box at the top of the form and complete Parts 1, 3, and 4 only.

<u>Part 1</u>

Name and Address (Completed by the partnership or S corporation)

Select partnership or S corporation in the spaces provided, enter the partnership or S corporation's federal identification number, Missouri identification number (if applicable), name, address and e-mail address.

<u>Part 2</u>

Withholding Tax Exemption (Completed by the taxpayer electing exemption from withholding)

Enter your name, social security number, and address in the spaces provided. By requesting an exemption from Missouri withholding on your Missouri distributive share item(s) you are also agreeing to the following:

- (1) To file a return in accordance with the provisions of <u>Section 143.481, RSMo</u>, and to make timely payment of all taxes imposed on you by the state of Missouri with respect to the income of the partnership or S corporation until you notify the Department of a change in this election; and
- (2) To be subject to personal jurisdiction in this state for the purpose of the collection of income taxes, together with related interest and penalties, imposed on you by this state with respect to your distributive share of the income of this partnership or S corporation.

Part 3

Withholding Tax Exemption Revocation (Completed by the taxpayer electing to revoke the exempt status)

Enter your name, social security number, and address in the spaces provided. By revoking your exemption status, the partnership or S corporation is required to withhold Missouri income taxes on your Missouri distributive share item(s) and to remit this withholding tax on your behalf. The revocation will remain in effect until you elect to change your exempt status by filing a new Form MO-3NR.

Part 4

Signature

You must sign and date your agreement. Please include a daytime telephone number where you may be reached in case the Department has questions regarding your agreement.

When to File

This agreement will be considered timely filed for a taxable year, and for all subsequent taxable years, if it is filed at or before the time the annual return for such taxable year is required to be filed.

Where to File

Mail the completed Form MO-3NR(s) to the address at the bottom of the form.

