Form **4572**

Missouri Department of Revenue

Electronic Filing Trading Partner Agreement (TPA)

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

For ACH File Specifications you can access the Department's website at **http://dor.mo.gov/business/electronic.php** to download the Electronic File Specifications and Record Layouts for EFT of Business Tax Return and Payment Using ACH Credit with TXP Addendum **(Form 4585)**.

Agreement

This TPA between the Missouri Department of Revenue (Department) and _____ d/b/a _____, (Taxpayer) is entered into pursuant to authority given in the Revised Statutes of Missouri (RSMo) and the Code of State Regulations (CSR).

The Department and the Taxpayer agree as follows:

1. The Department authorizes the Taxpayer to file Missouri withholding payments and returns, corporate income tax payments, or sales and use tax payments required to be filed with the Department, pursuant to **Chapters 143** and **144**, RSMo, by means of electronic transmission.
2. Each tax report or return filed in electronic form pursuant to this TPA shall for all purposes be considered a "writing," "signed by the Taxpayer" and an "original" report or return.
3. The signature of the Taxpayer or the Taxpayer's authorized agent (Agent) on this TPA shall be deemed to appear on each electronically filed report or return, as if actually appearing thereon. However, if the authorization of the Agent signing this TPA on behalf of the Taxpayer ends for any reason, the Taxpayer shall enter into a new TPA with the Department. Any failure to comply with this provision shall result in the Taxpayer being deemed to have filed an incomplete report or return.
4. The Taxpayer shall not contest the validity or enforceability of any report or return filed in electronic form on the basis of the absence of a paper writing or original, or the absence of a signature thereon. Pursuant to **32.080**, RSMo, as amended, any report or return generated from a report or return filed in electronic form shall be admissible in all courts and administrative agency proceeding.
5. This TPA shall not alter the filing due dates of any report or return, or the additions of any additions to tax imposed for the failure to timely file and pay complete reports or returns, as set forth in applicable statutes. For purposes of this Agreement, the Taxpayer's filing frequency and tax type code shall be:

Withholding Tax: Bank Account: 8600500 Bank Routing Number: 086507174
☐ Quarter-Monthly (Weekly) 0115P ☐ Monthly 0115A ☐ Quarterly 0115A ☐ Annual 0115A

Corporate Estimated Tax: Bank Account: 8600505 Bank Routing Number: 086507174
☐ Balance Due 0229C ☐ Quarterly 0219C

Sales and Use Tax: Bank Account: 1015540 Bank Routing Number: 086500634
☐ Sales Tax Payments 04199 ☐ Vendor's Use Tax Payments 04498 ☐ Consumer's Use Tax Payments 04598
☐ Quarter-Monthly (Weekly) 042 + payment number (01,02,03,04,05)

6. This TPA may be amended only by written amendment executed by the Department and the Taxpayer prior to the effective date thereof.
7. This TPA may be terminated by either party, with or without cause, upon thirty (30) days written notice.
8. This TPA represents the entire understanding of the parties in relation to the electronic filing of reports or returns.
9. The place of performance of this TPA shall be deemed to be the Missouri Department of Revenue, P.O. Box 629, Jefferson City, MO 65105-0629. This TPA shall be construed according to the laws of the State of Missouri. The Taxpayer shall comply with all local, state and federal laws to the extent that same may be applicable.
10. Each party represents and warrants that it has all necessary power and authority to enter into and perform this TPA, and that the person executing this TPA on its behalf is duly authorized to do so.

In witness whereof, and intending to be legally bound hereby, and further intending to bind its agents, successors, heirs and assigns, the parties have executed this TPA this _____ day of _____ _____.

Signature

Taxpayer's Name	Taxpayer's Signature	Title

Taxpayer's E-mail Address	Primary Contact or Payroll Company	Primary Contact or Payroll Company E-mail Address

Primary Contact or Payroll Company Telephone Number	Primary Contact or Payroll Company Fax Number
(___ ___ ___)___ ___ ___-___ ___ ___ ___	(___ ___ ___)___ ___ ___-___ ___ ___ ___

Form 4572 (Revised 09-2014)

Submit to: Taxation Division **Phone:** (573) 751-8150 **Fax:** (573) 526-5915 **E-mail:** **Elecfile@dor.mo.gov**

Visit **http://dor.mo.gov/business/electronic.php** for additional information.

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