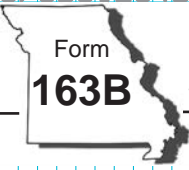


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Missouri Department of Revenue
Sales or Use Tax Protest Affidavit

Department Use Only (MM/DD/YY) [] [] [] [] [] [] [] [] [] [] [] [] [] []
Reporting Period (MM/YY) [] [] [] [] [] [] [] [] [] [] [] []

Missouri Tax I.D. Number []

Federal Employer I.D. Number []

This form is to be used for filing a sales or use tax protest in accordance with sales tax regulation [12 CSR 10-3.552](#) or [Section 144.700, RSMo.](#)

Claimant	Firm Name		Mailing Address		
	City	State	Zip Code	Total Sum	
	Periods Protested				

Protested Amount(s)	A complete breakdown of each specific tax must be made.		
	Tax Type	Tax Rate	Amount
	State	3%	
	Conservation	1/8%	
	Education	1%	
	Parks and Soil	1/10%	
		Total	

Reason for Protest	Embosser or black ink rubber stamp seal		Subscribed and sworn before me, this _____ day of _____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) _____ / _____ / _____

Signature	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.		
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature of Taxpayer or Agent	Title	Date (MM/DD/YYYY) ____ / ____ / ____

Notary Information	Embosser or black ink rubber stamp seal		Subscribed and sworn before me, this _____ day of _____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) _____ / _____ / _____
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

Mail to: Taxation Division
P.O. Box 3350
Jefferson City, MO 65105-3350

Phone: (573) 526-9938
TTY: (800) 735-2966
Fax: (573) 751-9409
E-mail: salesuse@dor.mo.gov
Visit <http://dor.mo.gov/business/sales/> for additional information.

Form 163B (Revised 12-2014)



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