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Business Locations Continued

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, community, or transportation 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 Missouri?
 No Yes - Specify the city:

Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation 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 Missouri?
 No Yes - Specify the city:

Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.
 No Yes - Specify the district name(s):

To verify if the business is located inside the city limits of any city or municipality visit <https://dors.mo.gov/tax/strgis/index.jsp>.

Sales Tax Rule [12 CSR 10-104.040](#) 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 [32.057, RSMo](#), 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.

Signature

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)
	___ / ___ / _____	___ / ___ / _____

Form 4098 (Revised 08-2015)

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

Phone: (573) 751-2836
TTY: (800) 735-2966
Fax: (573) 522-1271
E-mail: salestaxexemptions@dor.mo.gov

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



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