



Missouri Department of Revenue
Consumer's Use Tax Return

Select this box if return is amended

Department Use Only
(MM/DD/YY)

Grid for Department Use Only (MM/DD/YY)

In the event your mailing address, primary business location,
or a reporting location changed, please complete the
Registration Change Request (**Form 126**) and submit with your return.

Filing
Frequency

Grid for Filing Frequency

PIN

Grid for PIN

Due Date
(MM/DD/YY)

Grid for Due Date (MM/DD/YY)

Missouri Tax
I.D. Number

Grid for Missouri Tax I.D. Number

Federal Employer
I.D. Number

Grid for Federal Employer I.D. Number

Reporting Period
(MM/YY)

Grid for Reporting Period (MM/YY)

Owner
Name

Grid for Owner Name

Business
Name

Grid for Business Name

Address

Grid for Address

City

Grid for City

State

Grid for State

ZIP
Code

Grid for ZIP Code

I do not have cumulative taxable purchases totaling more than \$2,000 this calendar year and do not owe consumer's use tax at this time.

Totals For This Return		Amount of Taxable Purchases	Amount of Tax
1. Totals (All Pages)
<p align="center">Provide Tax Breakdown Starting With Page Two</p> <p>You must provide a breakdown of tax, by location and item, on page two. If a breakdown is not provided your filing will be considered incomplete and may be subject to penalties and interest. Attach additional pages if necessary.</p> <p><input type="checkbox"/> Select this box if you have added new locations</p>		2. Subtract: Approved credit	- .
		3. Balance Due	= .
		4. Add: Interest for late payments (See Line 4 instructions).....	+ .
		5. Add: Additions to tax.....	+ .
		6. Pay this amount (U.S. funds only)	= .
<p align="center">Final Return</p> <p>If this is your final return, enter the close date below and check the reason for closing your account.</p> <p>Date Closed (MM/DD/YY) [Grid]</p> <p><input type="checkbox"/> Out of Business <input type="checkbox"/> Sold Business</p>		Department Use Only	.

By signing this return I am authorizing the Department of Revenue to issue any potential refund(s). Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I have direct control, supervision, or responsibility for filing this return and payment of the tax due. I attest that I have no gross receipts to report for locations left blank.

Taxpayer or
Authorized Agent's
Signature

Grid for Taxpayer or Authorized Agent's Signature

Printed
Name

Grid for Printed Name

Title

Grid for Title

E-mail
Address

Grid for E-mail Address

Telephone
Number

Grid for Telephone Number

Date Signed
(MM/DD/YY)

Grid for Date Signed (MM/DD/YY)

Mail to: Taxation Division
P.O. Box 840
Jefferson City, MO 65105-0840

Phone: (573) 751-2836
TTY: (800) 735-2966
Fax: (573) 526-8747
E-mail: salesuse@dor.mo.gov

Visit <https://dors.mo.gov/tax/busefile/login.jsp>
to file your use tax return electronically.



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