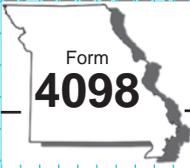


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MISSOURI DEPARTMENT OF REVENUE

Department Use Only (MM/DD/YY) [Yellow boxes]

Application For Direct Pay Authorization

Missouri Tax I.D. Number [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

This application is to be used for applying for or renewing the direct pay authorization pursuant to Section 144.190.6, RSMo. This authorization, if issued, is valid for five years.

Type of application (select one): New Application [ ] Renewal [ ]

Business Information

Business Name (attach list if necessary for additional locations)
Physical Address (Do not use PO Box or Rural Route Number) County
City State ZIP Code
Business Telephone Number E-mail Address
Mailing Address City State ZIP Code

Owner Information

Owner Name (Enter Corporation or LLC Name, if applicable)
Address County
City State ZIP Code

Business Locations

List business locations for which you are requesting direct pay authorization (attach a supplemental list if necessary).
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):



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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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:  |  |        |          |
| Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.<br><input type="checkbox"/> No <input type="checkbox"/> 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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:  |  |        |          |
| Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.<br><input type="checkbox"/> No <input type="checkbox"/> 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?<br><input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city:  |  |        |          |
| Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.<br><input type="checkbox"/> No <input type="checkbox"/> 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 11-2019)

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

**Phone:** (573) 751-2836  
**TTY:** (800) 735-2966  
**Fax:** (573) 522-1666  
**E-mail:** [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov)

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



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