



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
P.O. BOX 840  
JEFFERSON CITY, MO 65105-0840 (573) 751-2836  
**SALES TAX RETURN** TDD (800) 735-2966

RETE

FORM  
**53-1**  
(REV. 03-2013)

MISSOURI TAX I.D. NUMBER

FEDERAL I.D. NUMBER

• DO NOT WRITE IN SHADED AREAS

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Check box if Amended Return ☐ Or Additional Return ☐

OWNER'S NAME		REPORTING PERIOD	
BUSINESS NAME			
MAILING ADDRESS		TELEPHONE NUMBER	
CITY		STATE	ZIP
ADDRESS CORRECTION <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> BUSINESS LOCATION		BUSINESS PHONE NUMBER: ( ) - - - - - Check here if phone # changed <input type="checkbox"/>	
DUE DATE:			

**IMPORTANT: THIS RETURN MUST BE FILED FOR THE REPORTING PERIOD INDICATED EVEN THOUGH YOU HAVE NO GROSS RECEIPTS/TAX TO REPORT.**

BUSINESS LOCATION	CODE	GROSS RECEIPTS	ADJUSTMENTS (INDICATE + OR -)	TAXABLE SALES	RATE (%)	AMOUNT OF TAX

PAGE 1 TOTALS.....

PAGE TOTALS .....

TOTALS (ALL PAGES) .....

You can now file your sales tax return electronically. Visit  
<https://dors.mo.gov/tax/busefile/login.jsp>.

**FINAL RETURN:** If this is your final return, enter the close date below and check the reason for closing your account. Missouri law requires any person selling or discontinuing business to make a final sales tax return within fifteen (15) days of the sale or closing.

Date Business Closed: \_\_\_\_\_

☐ Out of Business ☐ Sold Business ☐ Leased Business

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.

**SIGN AND DATE RETURN:** This must be signed and dated by the taxpayer or by the taxpayer's authorized agent. Mail to: Missouri Department of Revenue, P.O. Box 840, Jefferson City, MO 65105-0840.

I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare that this is a true, accurate, and complete return.

**I ATTEST THAT I HAVE NO GROSS RECEIPTS TO REPORT FOR LOCATIONS LEFT BLANK.**

I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

SUBTRACT: 2% TIMELY PAYMENT  
ALLOWANCE (if Applicable) .....

TOTAL SALES TAX DUE.....

ADD: INTEREST FOR LATE  
PAYMENT (See Line 4 of Instructions)

ADD: ADDITIONS TO TAX .....

SUBTRACT: APPROVED CREDIT .....

PAY THIS AMOUNT.....  
(U.S. Funds Only) ➔

1.  
2.  
3.  
4.  
5.  
6.  
7.  
=

SIGNATURE OF TAXPAYER OR AGENT

TITLE

DATE SIGNED(MM/DD/YYYY)

TAX PERIOD (MM/DD/YYYY) THRU (MM/DD/YYYY)

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