

Form
943Missouri Department of Revenue
Request for Tax Clearance

Missouri Tax Identification Number 	Federal Employer Identification Number 	Charter or Certificate of Authority Number
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1. Does this business have Missouri employees for which they are required to withhold Missouri taxes? ☐ Yes ☐ No
2. Do you pay contributions to the Division of Employment Security? ☐ Yes ☐ No
If yes, what is that account number? _____

Ownership

If there has been a change in the ownership of your business, you may need to contact Business Tax Registration at (573) 751-5860 to ensure your account is properly registered.

- ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
☐ Limited Liability Company Taxed as: ☐ Corporation ☐ Partnership ☐ Sole Owner

Business

Name	Doing Business As Name (DBA)		
Mailing Address	City	State	Zip Code

Reason(s) for Request

1. I am completing the following transaction with the Missouri Secretary of State's Office.
☐ Reinstatement ☐ Withdrawal or Termination ☐ Merger — Date of Merger ____ / ____ / ____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
2. I am completing the following transaction: ☐ Selling Business Assets ☐ Financial Closing ☐ MBE or WBE
☐ Missouri Quality Jobs ☐ Other _____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
3. I require a sales or use tax Certificate of No Tax Due for the following: Select all that apply.
☐ Business License ☐ Liquor License ☐ Other (if not listed) _____
4. I require a sales or use tax Vendor No Tax Due to obtain or renew a contract with the state of Missouri.
 Contact person _____ Phone Number (____) _____ - _____

Corporations

If there has been a name change for this corporation, please provide prior name.

- ☐ This corporation files consolidated corporation income tax returns in Missouri.
 Parent Corporation Information:

Missouri Tax Identification Number
Federal Employer Identification Number

Missouri corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.

Sole Proprietorships

If individual income tax returns have been previously filed in another state, please provide a list of the states and years filed. Attach additional page(s) to this form if needed.

Your Social Security Number
Spouse's Social Security Number

Authorization

All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a Power of Attorney designating the third party as its representative.

Name of Person Authorized to Receive This Information	Title	Phone Number (____) ____ - ____	
Address	City	State	Zip Code
E-mail Address of Authorized Person			

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Owner or Officer	Title	Phone Number (____) ____ - ____
Printed Name of Owner or Officer		Please fax the results to (____) ____ - ____

Mail to: Taxation Division
P.O. Box 3666
Jefferson City, MO 65105-3666

Phone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

Form 943 (Revised 03-2014)

Visit <http://dor.mo.gov/faq/business/taxclear.php>
for additional information.

