



Missouri Department of Revenue **Consumer's Use Tax Return**

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 re-

Select this box if return is amended

Department Use Only
(MM/DD/YY)

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Filing Frequency PIN

Due Date
(MM/DD/YY)

Missouri Tax
ID Number

Federal Employer
ID Number

Reporting Period
(MM/YY)

Owner Name _____

Business Name

Address

City State 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)	-	-
<u>Provide Tax Breakdown Starting With Page Two</u>		
<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.</p> <p>Attach additional pages if necessary.</p>		
<input type="checkbox"/> Select this box if you have added new locations		
<u>Final Return</u>		
<p>If this is your final return, enter the close date below and check the reason for closing your account.</p>		
Date Closed (MM/DD/YY)	[]	[]
	[]	[]
<input type="checkbox"/> Out of Business <input type="checkbox"/> Sold Business		
<input type="checkbox"/> Department Use Only		-
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)	=	-

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 Printed
Name Title

E-mail Address Telephone Number 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.

Form 53-C (Revised 07-2017)



14004010001

Missouri Tax I.D. Number

Reporting Period
(MM/YY)



14004020001

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Page -- Totals.....

1. **What is the primary purpose of the study?** (check all that apply)