



Missouri Department of Revenue
Consumer's Use Tax Return

☐ Select this box if return is amended

Department Use Only
(MM/DD/YY)

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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

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PIN

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Due Date
(MM/DD/YY)

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Missouri Tax
I.D. Number

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Federal Employer
I.D. Number

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Reporting Period
(MM/YY)

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Owner
Name

--

Business
Name

--

Address

--

City

--

State

--	--

ZIP
Code

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☐ 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)				
Provide Tax Breakdown Starting With Page Two 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. <input type="checkbox"/> Select this box if you have added new locations		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)	= .				
Final Return If this is your final return, enter the close date below and check the reason for closing your account. Date Closed (MM/DD/YY) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Out of Business <input type="checkbox"/> Sold Business						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

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Printed
Name

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Title

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E-mail
Address

--

Telephone
Number

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Date Signed
(MM/DD/YY)

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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.



14004010001

Form 53-C (Revised 07-2017)

Missouri Tax I.D.
Number

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Reporting Period
(MM/YY)

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Close	Business Location (Street Address and City)	Jurisdiction Code (City, County, and District)	Item Code	Site Code	Amount of Taxable Purchases	Tax Rate (Do not include % symbol)	Amount of Tax
		- -			.	.	.
		- -			.	.	.
		- -			.	.	.
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