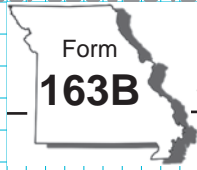


0000000001111111111222222222233333333333444444444455555555556666666666777777777788888888889999999999



MISSOURI DEPARTMENT OF  
**REVENUE**  
Sales or Use Tax Protest Affidavit

Department Use Only (MM/DD/YY)

Reporting Period (MM/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

This form is to be used for filing a sales or use tax protest in accordance with sales tax regulation **12 CSR 10-3.552** or **Section 144.700, RSMo.**

<b>Claimant</b>	Firm Name		Mailing Address		
	City	State	Zip Code	Total Sum	
	Periods Protested				

<b>Protested Amount(s)</b>	A complete breakdown of each specific tax must be made.		
	Tax Type	Tax Rate	Amount
	State	3%	
	Conservation	1/8%	
	Education	1%	
	Parks and Soil	1/10%	
	<b>Total</b>		

<b>Reason for Protest</b>	Reason for Protest	

<b>Signature</b>	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.		
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature of Taxpayer or Agent	Title	Date (MM/DD/YYYY) __/__/__

<b>Notary Information</b>	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of	year	
		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) __/__/__
		Notary Public Signature		
	Notary Public Name (Typed or Printed)			

**Mail to:** Taxation Division  
P.O. Box 3350  
Jefferson City, MO 65105-3350

**Phone:** (573) 526-9938  
**TTY:** (800) 735-2966  
**Fax:** (573) 751-9409  
**E-mail:** [salesrefund@dor.mo.gov](mailto:salesrefund@dor.mo.gov)

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

Form 163B (Revised 02-2020)



14009010001