Form REVENUE 163 Sales Tax Protest Payment Affidavit			<u>Affidavit</u>	Department Use Only (MM/DD/YY)				
Misso Numb	uri Tax I.D. er			ederal Employer D. Number				
	Number Dicable)							
Business	Owner's Name			Business Name)			
	Mailing Address				City			
	State	ZIP Code	Phone Number ()		Department Use Only	PPRE FPRE		

This form is to be used for filing a sales tax protest payment in compliance with <u>Section 144.700, RSMo</u>. Use this form in conjunction with the Nonprotested Sales Tax Payment Report (Form 2039) when filing a partial protest payment and use by itself when filing a fully protested payment.

Business Location	Тах Туре	Gross Receipts	Adjustments Indicate + or –)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:							
Site:							
			E de la della de la della de la della d	It of tax from Schedu			
	Enter Total Amou						
	inal Return: If this is your final return, enter the close date below and selec					2.	
the reason for closing your	_						
selling or discontinuing business to make a final sales tax return within 15 days of the sale or closing.						3.	
Date Business Closed (MM	Add: Interest for late payment (See Instructions)		4.				
			+				
🗖 Leased Business 🗌	Add: Additions to Tax (5% per month		5.				
lf	late of Line 3, maxim	late of Line 3, maximum 25%)					
If you pay by check, you a the check electronically.	Remit single check for this amount: (Add Lines 3, 4, 5)		+ 6.				
the check electronically.			=				
again electronically.				Department Use Only			



Note: Sales Tax Regulation 12 CSR 10-3.552 or Section 144.700, RSMo, must be complied with or the protest payment will be deposited to General Revenue

		Revenue.						
	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this						
		d	ay of	year				
		State	County (or City of St. Louis)	My Commission Expires				
۲ ۲								
INULAI Y		Notary Public Signature						
		Notary Public Name (Typed o	or Printed)					

Department Use Only

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Date Disposition Reason

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.

1	axpayer or Authorized Agent's Signature	Title		Date (MM/DD/YYYY)
				//
P	rinted Name		Tax Period (MM/DD/YYYY) though (MM/DI	D/YYYY)
			//	//

Form 163 (Revised 02/2020)

Taxation Division Mail to: 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

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



This schedule is to be u	sed only if the space To com	provided on page 1 o plete Schedule A, refe	f the Protest Affidater to instructions or	vit is insufficient to rep n page 3.	oort all protest	payments.	
Business Location	Тах Туре	Gross Receipts	Adjustments Indicate + or –)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
Location Code.	Parks and Soil				1/10%		
City:					1/10/0		
County:							
Site:							
Business Location	Тах Туре	Gross Receipts	Adjustments Indicate + or –)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
ony.	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:					_		
Site:							
					-		
					+ +		
Business Location	Тах Туре	Gross Receipts	Adjustments Indicate + or -)	Taxable Sales	Tax Rate (%)	Amount of Tax	
City:	State				3%		
	Conservation				1/8%		
Location Code:	Education				1%		
	Parks and Soil				1/10%		
City:							
County:			+ +		+ +		
Site:					+ +		
			+		++		
					+		
					+		
					T T		
					+		
					amount of tax		
		Enter total amount on page 1					

Schedule(s) A

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Form 163 (Revised 02-2020)

Business Identification: Enter Missouri Tax Identification Number, reporting period, owner's name, business name, and mailing address.

Business Location: Enter the address and code of each business location for which you are reporting a protest payment.

Tax Type: Listed in this column are the sales taxes administered by the Department. It is your responsibility to know which taxes you are liable for at each business location. Enter each city and county tax type which is being protested.

Gross Receipts: Enter protested amount of gross receipts by each specific tax type for each business location.

Adjustments: Enter authorized adjustments. Be sure to indicate "plus" or "minus" for each adjustment.

Taxable Sales: Compute taxable sales for each entry.

Gross Receipts (+) or (-) Adjustments = Taxable Sales

Tax Rate: The state, conservation, education, and parks and soil sales tax rates are preprinted in this column. If you are protesting a city or county tax payment, enter the local sales tax rate for each city or county tax type.

Amount of tax: Multiply taxable sales by the tax rate of each specific tax.

Total from Schedule A: Enter total amount of tax from Schedule A.

Line 1 — Total amount of tax: Compute total amount of taxes shown in the amount of tax column.

Line 2 — Timely payment allowance: If you file and pay on or before the due date, enter 2% of the amount shown on Line 1.

Line 3 — Follow instructions shown on front of form.

Line 4 — Interest For Late Payment: If tax is not paid by the due date, multiply Line 3 by the annual percentage rate and then multiply this amount by the number of days late divided by 365 (or 366 in a leap year). The annual percentage rate is subject to change each year. You can access the annual percentage rate on our website at <u>http://dor.mo.gov/intrates.php.</u>

Lines 5 and 6 — Follow instructions shown on front of form.

