



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Letter of Intent for Substitute Tax Forms**

Effective August 1, 2015, the Letter of Intent for Substitute Forms is only required to be filed once with the Department of Revenue. A revised form will no longer be required on an annual basis. However, in the event any information provided on this form changes, you will be responsible for submitting a new Letter of Intent for Substitute Forms. The Department may also request a revised form if necessary.

Company or Individual's Name		Identification Code (Alpha Char.)	
Company Representative or Manager		Phone Number (____) ____ - ____	Vendor ID Code (4-Digit Number)
Fax Number (____) ____ - ____	E-mail Address		
Product Name	Are you a secondary software company for substitute forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	What company is supplying the forms to you? (primary software company)	
Street Address			
City	State	ZIP Code	
Technical Support Phone Number (____) ____ - ____	Customer Services Phone Number (____) ____ - ____		

The Department prescribes the format of tax returns, schedules, statements, and declarations as provided in [Section 143.971, RSMo](#). Guidelines have been established for substitute and reproduced tax forms for developers of computer software, computer tax processors, computer programmers, commercial printers, business forms companies, and others who plan to market or distribute substitute tax forms in any manner. These guidelines are at <http://dor.mo.gov/vendors/>.

Applicant's Certification:

I hereby certify that I am a duly-appointed representative of the company listed above and that we will comply with the policies, procedures, and guidelines published by the Department concerning the development and reproduction of substitute tax forms that are produced in any way by products sold or offered by this company.

I agree that this company will:

1. Develop substitute tax forms or products that produce tax forms in accordance with the guidelines issued by the Department;
2. Submit substitute tax forms to the Department for review and written approval before releasing any substitute tax forms or any products that produce such forms to customers or clients;
3. Promptly correct errors in the company's products and substitute tax forms and provide the Department with proofs (as described in the Department's Guidelines) showing that the company has corrected the errors and notified customers or clients of the corrections;
4. Identify all substitute tax forms by the 4-digit vendor ID code shown above.

Failure to follow the guidelines may result in completed tax forms being rejected by the Department.

<b>Sign</b>	Signature (Required)	Title	Date (MM/DD/YYYY)
			____ / ____ / _____

Form 4349 (Revised 12-2020)

**Submit Electronically To:**

[moforms@dor.mo.gov](mailto:moforms@dor.mo.gov)

**Forms Group Contact Information:**

301 West High St Room 560  
 Jefferson City, MO 65101

**Phone:** (573) 751-5714  
**Fax:** (573) 522-4876