



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Final Report**

Complete and submit this voucher if the status of your business or sales and use tax location has changed.

Tax Type Closing (Select all that apply)

**You must file a final return, even if you have no taxes to report.**

Sales and Use Tax     Employer Withholding Tax

**Mail To:** Taxation Division  
PO Box 3300  
Jefferson City, MO 65105-3300

Missouri Tax I.D. Number
Business Name
Owner's Name
Date Account or Location Closed (MM/DD/YYYY) ____/____/____
Reason For Closing (select all that apply) <input type="checkbox"/> Out of Business <input type="checkbox"/> Sold <input type="checkbox"/> No Employees <input type="checkbox"/> Other (Explain) _____
<b>Complete This Section If Closing Only One Sales and Use Tax Location</b>
Physical Business Address Or Item Tax Of the Location You are Closing



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Reason For Closing (select all that apply)

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Other (Explain) \_\_\_\_\_

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