

P.O. BOX 3350, JEFFERSON CITY, MISSOURI 65105-3350 (573) 526-9938 FAX (573) 751-9409 TDD (800) 735-2966

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	DOR USE ONLY
FORM	
2039	
EV. 11-2007)	

NON	PROTESTED SALES TAX PAYMENT REPO	) RT	(REV. 1	1-2007)			
MITS NUMBER			REPORTING	3 PERIOD			
OWNER'S NAME			BUSINESS I	NAME			
MAILING ADDRESS					PHONE NUMBER ()	)	
CITY					STATE	ZIP CODE	
NPRE	(DO NOT WRITE IN SHADED AREAS)						

This form is to be used in conjunction with							which you filed a Protest
Payment Affidavit must be reported on this fo	rm. Return completed	form to: T	axation Divisio	n, P.O. Box 3350, Jet	ferson City, MO 65105-3	350.	
BUSINESS LOCATION	TAX TYPE	GROSS	S RECEIPTS	ADJUSTMENTS (INDICATE + OR - )	TAXABLE SALES	TAX RATE (%)	AMOUNT OF TAX
	STATE					3%	
	CONSERVATION					1/8%	
	EDUCATION					1%	
	PARKS/SOIL					1/10%	
	ENTER TOTAL A	MOLINE	OF TAV ED	│ OM SCHEDULE A	(Page 2)		
	ENTER TOTAL A	INIOONI	OF TAX FRO	OW SCHEDULE A	(Page 3)		1.
		1.					
FINAL RETURN: If this is your final return your account. The Sales Tax law requires					SUBTRACT: 2% of Line 1 ONLY if paid by due date		2.
sales tax return within fifteen (15) days of t		or discon	illilullig busine	555 to make a ima		3.	
, , ,	ino data or didding.				TOTAL AMOUNT OF TAX DUE: (Line 1 minus Line 2)		=
Date Business Closed:					ADD: Interest for late pa	4.	
☐ Out of Business ☐ Sold Busi	iness 🗌 Lea	sed Busir	ness		(See Instructions)	+	
					ADD: Additions to Tax (5% per month		5.
SIGN AND DATE RETURN: This must be					late of Line 3, maximum 25%)  REMIT SINGLE CHECK FOR THIS  6.		
rized agent. Mail to: Missouri Department of	of Revenue, P.O. Box	c 3350, Je	efferson City, N	MO 65105-3350.			
If you have by check, you authorize the De	nartment of Revenue	to proce	ace the check	electronically Any	AMOUNT: (Add Lines 3, 4, 5)		=
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.							
I have direct control, supervision or responsibility for filing this report and payment of the tax due. Under penalties of perjury, I declare that this is a true, accurate and complete report. <b>REPORT MUST BE SIGNED AND DATED.</b>							
SIGNATURE OF TAXPAYER OR AGENT			TITLE			DATE	
						/	/

## **INSTRUCTIONS**

IMPORTANT: This report must be filed in lieu of the Missouri Sales Tax Return to report all nonprotested amounts of taxes in a period for which you filed a protest payment affidavit. Report only nonprotested payments on this report. Protest payments must be reported on the Sales Tax Protest Payment Affidavit (DOR-163).

BUSINESS IDENTIFICATION: Enter Missouri Integrated Tax System (MITS) Account Number, reporting period, owner's name, business name and mailing address on the spaces provided at the top of this report.

BUSINESS LOCATION: Enter the address of each business location for which you have the responsibility of reporting tax.

TAX TYPE: Listed in this column are the sales taxes administered by the Department of Revenue. It is your responsibility to know which taxes you are liable for at each business location. Enter each city and/or county tax type which is not being protested.

GROSS RECEIPTS: Enter all nonprotested 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: Complete taxable sales for each entry.

GROSS RECEIPTS (+) or (-) ADJUSTMENTS = TAXABLE SALES

TAX RATE: The state, conservation, education and parks/soil sales tax rates are preprinted in this column. If you are subject to city and/or county taxes, enter the local sales tax rate for each city and/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. The annual percentage rate can be obtained from our web site at: www.dor.mo.gov/tax.

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

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INSTRUCTIONS: This schedule is to be used **only** if the space provided on page 1 of the report is insufficient to report all non-protest payments. To complete Schedule A, refer to instructions on page 2.

BUSINESS LOCATION	TAX TYPE	GROSS RECEIPTS	ADJUSTMENTS (INDICATE + OR - )	TAXABLE SALES	TAX RATE (%)	AMOUNT OF TAX
	STATE				3%	
	CONSERVATION				1/8%	
	EDUCATION				1%	
	PARKS/SOIL				1/10%	
	STATE				3%	
	CONSERVATION				1/8%	
	EDUCATION				1%	
	PARKS/SOIL				1/10%	
	STATE				3%	
	CONSERVATION				1/8%	
	EDUCATION				1%	
	PARKS/SOIL				1/10%	
					1 2,5	
	ENTER TOTAL AMOUNT OF TAX					
	ENTED TOTAL	ON DAGE 1 TO	TAL EDOM COL	EDITE 4		
	ENIERIOIAL	ON PAGE 1 — TO	TAL FRUM SCH	EDULE A.		