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# Rules of Elected Officials

## Division 30–Secretary of State

### Chapter 150–Franchise Tax

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**Title 15—ELECTED OFFICIALS**  
**Division 30—Secretary of State**  
**Chapter 150—Franchise Tax**

**15 CSR 30-150.010 Forms for Franchise Tax**

*PURPOSE: This rule prescribes the forms and instructions adopted and approved for filing with the franchise tax division.*

(1) The following forms with instructions have been adopted and approved for filing with the franchise tax division:

(A) 1987 Franchise Tax Report with instructions (Department of Revenue);

(B) 19... (year date goes here) Franchise Tax Report with instructions (Roy D. Blunt, Secretary of State); and

(C) 19... (year date goes here) Franchise Tax Report with instructions (Judith K. Moriarty, Secretary of State).

(2) The tax forms and instructions listed in this rule in printed format will be supplied by the secretary of state, franchise tax division. Accurate reproduction of the forms may be utilized for filing in lieu of the printed forms.

*AUTHORITY: section 147.120.9., RSMo (Supp. 1995).\* Original rule filed April 13, 1989, effective July 13, 1989. Amended: Filed Nov. 2, 1989, effective March 11, 1990.*

*\*Original authority 1939, amended 1943, 1945, 1969, 1979, 1982, 1983, 1987, 1992, 1995.*

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**15 CSR 30-150.020 Form: Request for Extension of Time to File**

*PURPOSE: This form is used to request an extension of time to file a Missouri Corporation Franchise Tax Report.*

*AUTHORITY: section 147.120.9., RSMo (Supp. 1995).\* Original rule filed Sept. 28, 1995, effective March 30, 1996.*

*\*Original authority 1939, amended 1943, 1945, 1969, 1979, 1982, 1983, 1987, 1992, 1995.*

**Rebecca McDowell Cook, Secretary of State**

**Missouri Corporation Franchise Tax  
Application for Extension of Time to File**

CORPORATE NAME		
REGISTERED AGENT AND ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE:
MISSOURI CORPORATION NUMBER	TAXABLE YEAR: BEGINNING:	ENDING:

**ESTIMATED TAX PAYMENT SCHEDULE**

\*Properly estimated amount of tax for the taxable year .....  
(A proper estimate must result in at least 90% of tax owed.)

Make remittance payable to DEPARTMENT OF REVENUE

I request a copy of approved extension. Letters are automatically sent to denied applicants.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information on which he has any knowledge.

Officer's Signature

Preparer's Signature

MAIL TO: Secretary of State, Franchise Tax Division, P.O. Box 1366, Jefferson City, Mo. 65102-1366

Instructions for Application for Extension of Time to File

Filing extension form

A franchise tax extension must be filed on or before the 15th day of the 4th month from the beginning of the corporation's taxable year.

Payment of Franchise Tax

An extension of time to file a franchise tax return does not extend the time for payment of the tax. \*To avoid penalty assessments, 90% of the tax due must accompany the request. A penalty of 5% per month (max. 25%) is charged with respect to that part of the total tax for the year which is not paid by the original due date of the report.

Period of extension

An approved extension will be granted a 6 month period from the original due date of the return.

**15 CSR 30-150.030 Form: Request for  
Franchise Tax Clearance**

*PURPOSE: This form is used to request  
a Franchise Tax Clearance letter.*

*AUTHORITY: section 147.120.9.,  
RSMo (Supp. 1995). \* Original rule  
filed Sept. 29, 1995, effective March  
30, 1996.*

*\*Original authority 1939, amended 1943, 1945,  
1969, 1979, 1982, 1983, 1987, 1992, 1995.*



OFFICE OF SECRETARY OF STATE  
REQUEST FOR FRANCHISE TAX CLEARANCE

PLEASE TYPE OR PRINT

REASON CLEARANCE IS BEING REQUESTED		
<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> MERGER	<input type="checkbox"/> FINANCIAL CLOSING
<input type="checkbox"/> LIQUIDATION	<input type="checkbox"/> WITHDRAWAL	<input type="checkbox"/> LIQUOR LICENSE RENEWAL
<b>COMPLETE FORM IN ITS ENTIRETY TO OBTAIN FRANCHISE TAX CLEARANCE</b>		
CORPORATION NUMBER	MTS NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER
CORPORATION NAME		DOING BUSINESS AS NAME
BUSINESS STREET ADDRESS		CITY, STATE, ZIP CODE
STATE OF INCORPORATION	DATE OF INCORPORATION	DATE AUTHORIZATION IN MISSOURI
NATURE OF BUSINESS		
<b>MAILING ADDRESS FOR TAX CLEARANCE LETTER</b>		
NAME		TELEPHONE NUMBER
ADDRESS		CITY, STATE, ZIP CODE
<p>Please allow one week for processing your tax clearance. A tax clearance letter will be issued if all required franchise taxes are paid. IF THE TAXPAYER OWES ANY TAXES, IT WILL BE SHOWN ON THE DENIAL OF THE TAX CLEARANCE LETTER. Due to the confidential nature of the information, if the person authorized above to receive the letter is other than an officer of the corporation, the following "Release of Confidential Information" section must be completed and notarized.</p>		
SIGNATURE OF CORPORATE OFFICER	TITLE	TELEPHONE NUMBER
<b>AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION</b>		
I (WE) AUTHORIZE THE SECRETARY OF STATE TO FORWARD TO THE NAMED THIRD PARTY THE TAX CLEARANCE LETTER OR DENIAL OF TAX CLEARANCE LETTER.		
NAME		TITLE
REPRESENTING		
STREET ADDRESS		CITY, STATE, ZIP CODE
I (WE) HEREBY RELEASE THE SECRETARY OF STATE AND DEPARTMENT PERSONNEL FROM ANY AND ALL LIABILITY PURSUANT TO MO REVISED STATUTE SUPP. 1984 AND SUPPLEMENT THERETO, OR ANY OTHER APPLICABLE CONFIDENTIALITY STATUTE FOR DISCLOSURE PURSUANT TO THIS RELEASE OF INFORMATION.		
NAME (TYPE OR PRINT)		TITLE
OWNER/OFFICER SIGNATURE		
<b>THE AFOREMENTIONED ACKNOWLEDGES THAT HE SIGNED THE FOREGOING AS HIS FREE ACT AND DEED.</b>		
NOTARY PUBLIC EMBOSSEER SEAL    	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF 19	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
Release of this information to a third party at the request of the taxpayer does not give the third party authority to request further information from the department. To obtain additional information or represent the taxpayer before the department, it is necessary for the taxpayer to execute a power of attorney designating the third party as its representative.		
PLEASE SEND ORIGINAL TO: MISSOURI SECRETARY OF STATE, FRANCHISE TAX DIVISION, P.O. BOX 1366, JEFFERSON CITY, MO 65102		

MO 231-0093 (8-93)