



ELECTRONIC FILING TRADING PARTNER AGREEMENT (TPA)

For ACH File Specifications you can access the department's web site at www.dor.mo.gov/tax/electronic/forms/ to download the publication DOR-4585 — Electronic File Specifications and Record Layouts for EFT of Business Tax Return and Payment Using ACH Credit with TXP Addendum.

This TPA between the Missouri Department of Revenue (DOR) and _____ d/b/a _____, (Taxpayer) is entered into pursuant to authority given in the Revised Statutes of Missouri (RSMo) and the Code of State Regulations (CSR).

The DOR and the Taxpayer agree as follows:

1. The DOR authorizes the Taxpayer to file Missouri withholding payments and returns, corporate income tax payments, or sales/use tax payments required to be filed with the DOR, pursuant to Chapters 143 and 144, RSMo, by means of electronic transmission.
2. Each tax report or return filed in electronic form pursuant to this TPA shall for all purposes be considered a "writing," "signed by the Taxpayer" and an "original" report or return.
3. The signature of the Taxpayer or the Taxpayer's authorized agent (Agent) on this TPA shall be deemed to appear on each electronically filed report or return, as if actually appearing thereon. However, if the authorization of the Agent signing this TPA on behalf of the Taxpayer ends for any reason, the Taxpayer's shall enter into a new TPA with the DOR. Any failure to comply with this provision shall result in the Taxpayer being deemed to have filed an incomplete report or return.
4. The Taxpayer shall not contest the validity or enforceability of any report or return filed in electronic form on the basis of the absence of a paper writing or original, or the absence of a signature thereon. Pursuant to 32.080, RSMo, as amended, any report or return generated from a report or return filed in electronic form shall be admissible in all courts and administrative agency proceeding.
5. This TPA shall not alter the filing due dates of any report or return, or the additions of any additions to tax imposed for the failure to timely file and pay complete reports or returns, as set forth in applicable statutes. For purposes of this Agreement, the Taxpayer's filing frequency and tax type code shall be:

Withholding:

Bank Account: 8600500

Quarter-Monthly (Weekly) 0115P

Monthly 0115A

Bank Routing Number: 086507174

Quarterly 0115A

Annual 0115A

Corporate Estimated Tax:

Balance Due 0229C

Quarterly 0219C

Bank Account: 8600505 Bank Routing Number: 086507174

Sales Tax:

Quarter-Monthly (weekly) 042 + payment number (01,02,03,04,05)

Sales Tax Payments 04199

Use Tax Payments 04198

Bank Account: 1015540

Bank Routing Number: 086500634

6. This TPA may be amended only by written amendment executed by the DOR and the Taxpayer prior to the effective date thereof.
7. This TPA may be terminated by either party, with or without cause, upon thirty (30) days written notice.
8. This TPA represents the entire understanding of the parties in relation to the electronic filing of reports or returns.
9. The place of performance of this TPA shall be deemed to be the Missouri Department of Revenue, P.O. Box 629, Jefferson City, MO 65105-0629. This TPA shall be construed according to the laws of the State of Missouri. The Taxpayer shall comply with all local, state and federal laws to the extent that same may be applicable.
10. Each party represents and warrants that it has all necessary power and authority to enter into and perform this TPA, and that the person executing this TPA on its behalf is duly authorized to do so.

IN WITNESS WHEREOF, and intending to be legally bound hereby, and further intending to bind its agents, successors, heirs and assigns, the parties have executed this TPA this _____ day of _____.

TAXPAYER'S NAME		MONTH	YEAR	TAXPAYER'S SIGNATURE	TITLE
MITS NUMBER	FEIN	TAXPAYER'S TELEPHONE NUMBER	TAXPAYER'S E-MAIL ADDRESS	FAX TO: (573) 526-5915	
PRIMARY CONTACT / PAYROLL COMPANY NAME		CONTACT / PAYROLL COMPANY TELEPHONE NUMBER		FAX:	

POWER OF ATTORNEY — PLEASE TYPE OR PRINT.

Please complete the Power of Attorney information below if you, as a business owner, authorize the Department of Revenue to discuss returns and payments with the names listed.

TAXPAYER(S) NAME/BUSINESS NAME		CHARTER NUMBER
NUMBER AND STREET	CITY OR TOWN, STATE, ZIP CODE	

TAXPAYER(S) HEREBY APPOINTS

NAME OF APPOINTED REPRESENTATIVE	ADDRESS	PHONE NUMBER
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SIGNATURE OF, OR FOR, TAXPAYER(S)

I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s). Submission of a Power of Attorney by a taxpayer will not in itself suffice as an official notification of a mailing address change with the Department of Revenue.

NAME	TITLE (IF APPLICABLE)	SIGNATURE	DATE
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