



MISSOURI DEPARTMENT OF
REVENUE

Annual Summary and Transmittal of Missouri Forms MO-99 Misc.

Tax Year
20_____

Enter the total number of Federal 1099-MISC forms if substituted for the Missouri Form MO-99 Misc. _____

All documents are: Original Corrected With Taxpayer Identifying No. Without Taxpayer Identifying No.

Payer's Information	Name		Identifying Number		
	Address		City	State	ZIP Code
	Under penalties of perjury, I declare that the information I have provided is true, complete, and correct. I have direct control, supervision or responsibility for filing this return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.				
	Signature		Title	Date (MM/DD/YYYY) ____ / ____ / ____	

Mail to: Taxation Division
P.O. Box 3330
Jefferson City, MO 65105-3330

Phone: (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov

Visit dor.mo.gov/taxation/individual/tax-types/income/
for additional information.

Form MO-96 (Revised 11-2020)

