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Form **53-C**

Missouri Department of Revenue
Consumer's Use Tax Return

☐ Select this box if return is amended

Department Use Only (MM/DD/YY)

In the event your mailing address, primary business location, or a reporting location changed, please complete the Registration Change Request (**Form 126**) and submit with your return.

Filing Frequency | PIN | Due Date (MM/DD/YY)

Missouri Tax I.D. Number: 2 1 3 4 2 4 8 2

Federal Employer I.D. Number:

Reporting Period (MM/YY): 1 2 2 2

Owner Name: AUDIOLOGY DISTRIBUTION LLC

Business Name: AUDIOLOGY DISTRIBUTION LLC

Address: 10455 RIVERSIDE DR

City: PALM BCH GDNS

State: F L

ZIP Code: 33410-4237

☐ I do not have cumulative taxable purchases totaling more than $2,000 this calendar year and do not owe consumer's use tax at this time.

Totals For This Return	Amount of Taxable Purchases	Amount of Tax
1. Totals (All Pages)	0.00	0.00
2. Subtract: Approved credit -		0.00
3. Balance Due =		0.00
4. Add: Interest for late payments (See Line 5 instructions) +		0.00
5. Add: Additions to tax +		0.00
6. Pay this amount (U.S. funds only) =		0.00
Department Use Only		

Provide Tax Breakdown Starting With Page Two

You must provide a breakdown of tax, by location and item, on page two. If a breakdown is not provided your filing will be considered incomplete and may be subject to penalties and interest. Attach additional pages if necessary.

☐ Select this box if you have added new locations

Final Return

If this is your final return, enter the close date below and check the reason for closing your account.

Date Closed (MM/DD/YY)

☐ Out of Business ☐ Sold Business

By signing this return I am authorizing the Department of Revenue to issue any potential refund(s). Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I have direct control, supervision, or responsibility for filing this return and payment of the tax due. I attest that I have no gross receipts to report for locations left blank.

Taxpayer or Authorized Agent's Signature | Printed Name | Title

E-mail Address | Telephone Number | Date Signed (MM/DD/YY)

Mail to: Taxation Division
P.O. Box 840
Jefferson City, MO 65105-0840

Phone: (573) 751-2836
TTY: (800) 735-2966
Fax: (573) 526-8747
E-mail: salesuse@dor.mo.gov

Visit **https://dors.mo.gov/tax/busefile/login.jsp** to file your use tax return electronically.

14004010001

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Missouri Tax I.D. Number | Reporting Period (MM/YY) | 14004020001 | Page ___ of ___

Close	Business Location (Street Address and City)	Jurisdiction Code (City, County, and District)	Item Code	Site Code	Amount of Taxable Purchases	Tax Rate (Do not include % symbol)	Amount of Tax
	CONSUMERS USE TAX INDEPENDENCE ~ JACKSON	35000-095-0	0 0 0 0 0	0 1 4	00.00	6.85	00.00
	CONSUMERS USE TAX COLUMBIA ~ BOONE COUNTY	15670-019-0	0 0 0 0 0	0 2 0	00.00	6.225	00.00
	CONSUMERS USE TAX LEE'S SUMMIT ~ JACKSON COUNTY	41330-095-0	0 0 0 0 0	0 2 3	00.00	6.475	00.00

Page -- Totals.....

Form 53-C (Revised 01-2015)