



MISSOURI DEPARTMENT OF REVENUE  
TAXPAYER SERVICES BUREAU  
**CONCESSIONAIRES REPORT  
OF SALES**

FORM

**2360**

(REV. 10-91)

COMPLETED BY T.S.B.

NAME OF EVENT

DATE

LOCATION

If you now have a valid Missouri Retail Sales License and if you intend to report these sales on a regular sales tax return, enter your account number here: Number \_\_\_\_\_  
Complete columns 1 and 2 only.

If you do not have a valid Missouri Retail Sales License, list the total of each days sales in column 2. At the end of this event, total column 2 and enter this total in column 3. Compute the tax due by multiplying column 3 by the appropriate tax rate for this location. Enter amount of tax in column 4.

This report along with your remittance must be returned within ten (10) days to avoid late charges. Please send a cashier's check or money order only. Do not send cash.

COLUMN 1 DATE	COLUMN 2 GROSS RECEIPTS	COLUMN 3	COLUMN 4 TAX DUE
		(TOTAL OF COLUMN 2) × (TAX RATE) =	
			\$
		<p><b>THIS RETURN IS SUBJECT TO ALL PROVISIONS SET FORTH BY THE MISSOURI DEPARTMENT OF REVENUE SALES TAX RULES AND REGULATIONS.</b></p> <p>Please mail this form and your remittance to:</p> <p>MISSOURI DEPARTMENT OF REVENUE TAXPAYER SERVICES BUREAU</p>	
<b>TOTAL</b>			

TAXPAYER NAME	
ADDRESS	
CITY, STATE, ZIP CODE	PHONE

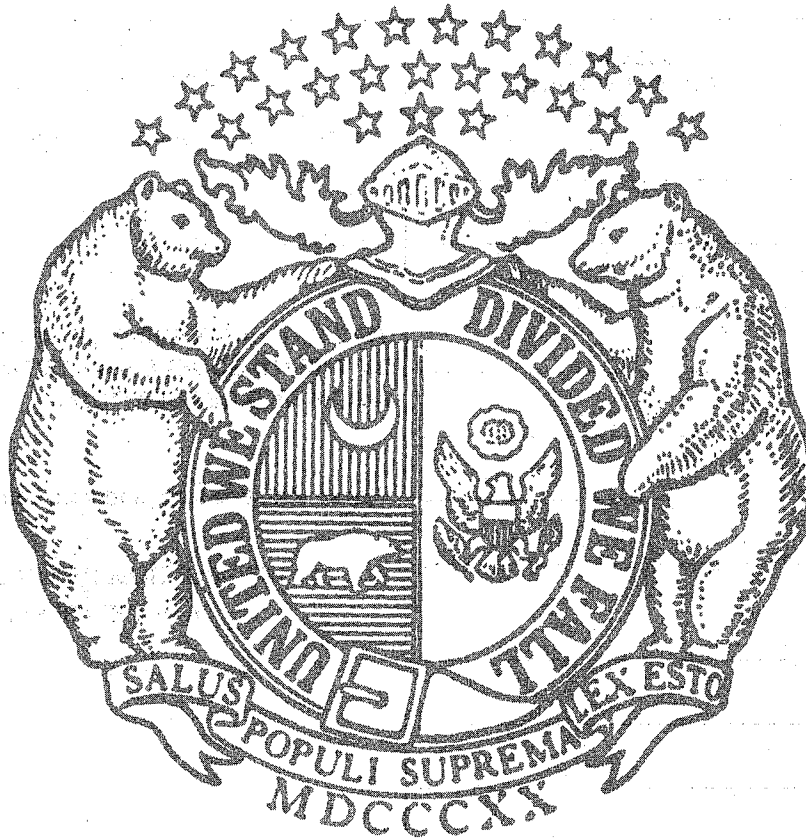
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE - AGENT FOR DIRECTOR OF REVENUE	DATE	SIGNATURE - CONCESSIONAIRE	DATE
▶		▶	

MISSOURI DEPARTMENT OF REVENUE  
 TAXPAYER SERVICES BUREAU

**TEMPORARY SPECIAL EVENTS SALES TAX REPORT**

NAME			KIND OF CONCESSION		
ADDRESS			HOME TELEPHONE		
CITY	STATE	ZIP CODE	LOCATION OF SALES (CITY)	STATE	ZIP CODE



NAME OF SPECIAL EVENT	DATES OF EVENT
	BEGINNING                      ENDING