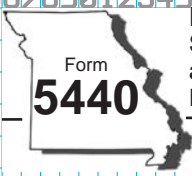


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Missouri Department of Revenue  
**Statement Confirming Purchaser's Efforts to Obtain  
 an Assignment of Rights From the Seller  
 For Refund Under Section 144.190.4(2)**

Department Use Only (MM/DD/YY)        
 Reporting Period (MM/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Case Number (if applicable)

The original, notarized statement must be provided to the Department. Copies, faxes, or e-mailed copies will not be accepted.

**Purchaser Information**

Name

Address

City  State  Zip Code

Contact Telephone Number  (  ) -  -  E-mail Address

**Seller Information**

Name  Missouri Tax Identification Number

Address

City  State  Zip Code

Contact Telephone Number  (  ) -  -  E-mail Address

In detail, please complete the information below. Attach a second page, if needed.

**Transactions**

Description of Taxable Good or Service	Cost of Good or Service	Month and Year of Purchase	Street, City, and State of Purchase	Amount of Refund Requested
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
7.	\$			\$
8.	\$			\$



