

MISSOURI DEPARTMENT OF REVENUE

Employer Withholding Tax Refund Request

You must receive confirmation from the Department of Revenue that a valid overpayment exists prior to completing this form.

Form fields for Missouri Tax Identification Number, Tax Period, Overpay Amount, Federal Employer Identification Number (FEIN), Telephone Number, Department Use Only, Business Name, Business Address, City, State, and Zip Code.

Provide a detailed description of the reason for overpayment. (Required)

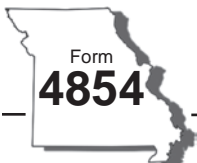
Signature section with fields for Signature (Required) and Date (MM/DD/YYYY).

Form 4854 (Revised 03-2024)

Mail to: Taxation Division, P.O. Box 3375, Jefferson City, MO 65105-3375

Phone: (573) 751-7200, Fax: (573) 522-6816, E-mail: withholding@dor.mo.gov

Visit http://dor.mo.gov/business/withhold/ for additional information.



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