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Form  
**4172**  
Missouri Department of Revenue  
**Assignment of Certificate of Deposit**

Department Use Only  
(MM/DD/YY)

10 Missouri Tax I.D.  
11 Number  
(Optional)

Federal Employer  
I.D. Number

<b>Tax Type</b>	<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> Cigarette Tax	<input type="checkbox"/> Motor Fuel Tax
	<input type="checkbox"/> Other Tobacco Products	<input type="checkbox"/> Transient Employer Withholding and Unemployment Tax	

17 Owner's Name, all Partners, Corporation, or LLC Name  E-mail Address

19 Business Address  City  State  Zip Code

21 Taxpayer or Business Owner's Address  City  State  Zip Code

24 I, \_\_\_\_\_, being of lawful age, assign and transfer the

25 Certificate of Deposit (CD) for \_\_\_\_\_

27 (\$ \_\_\_\_\_), Certificate of Deposit Number \_\_\_\_\_, issued \_\_\_\_\_, 20\_\_\_\_\_,  
28 by \_\_\_\_\_, located at \_\_\_\_\_

29 \_\_\_\_\_, as security to the Missouri Department of Revenue (Department) in lieu of a cash bond.

30 This CD shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of  
31 Missouri on or after the date this CD is issued.

32 I understand that at any time a delinquency occurs, the Department may redeem the CD assigned by this instrument and apply  
33 the proceeds to such delinquency. I agree that Administrative Rules and Revised Statutes of Missouri will govern my rights and  
34 responsibilities under this assignment. If I have not maintained a satisfactory tax compliance, and my CD is automatically renewable,  
35 the Department will allow the CD to renew. I understand that I will be notified when the Department elects to renew my CD.

36 Service of process shall be deemed sufficient and made in the state of Missouri if mailed by U.S. mail to the Financial Institution's address  
37 as set forth above. This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these  
38 terms and the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning  
39 this CD shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The undersigned bank  
40 understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this CD.

41 I have read the foregoing and fully understand it and certify that I am the taxpayer subject to this assignment or I have the authority to  
42 execute this assignment on behalf of the Taxpayer.

45 **Taxpayer of Record** Business Name

47 Owner, Officer, Partner, or Member Signature  Title

51 **Financial Institution Acknowledgement** Select One:

52  The paper Certificate of Deposit is attached.

53  The Certificate of Deposit is paperless. A withdrawal slip, confirmation of withdrawal, or endorsement on the Certificate of Deposit is not  
54 required. In the event that taxpayer becomes delinquent, and the Department seeks the redemption of the Certificate of Deposit, a written  
55 request from the Department together with this Assignment is the only documentation necessary to release funds to the Department.

57 Bank  Phone Number  By (Signature of Banking Official)

58 Bank Official's Name  Title



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