Form REVENUE Cash Bond	_			partment Use M/DD/YY)	e Only					
Missouri Tax I.D. Number (Optional)			ederal Employ	er						
Personal or company chec	ks will not be	accepted as payr	nent. Pleas	se remit a	cashi	er's ch	eck or	money	ord	er.
Select only one: Sales and Use Tax (If required by The Department of Revenue) Other Tobacco Products Cigarette Tax Transient Employer Withholding and Unemployment Tax				Motor Fuel Tax Motor Fuel license type (Select One): Supplier or Permissive Supplier Distributor Terminal Operator Transporter						
\$,	/								
At the request of Taxpayers or Business	(Owner's name,	all Partners, Corpora	tion, or LLC N	lame)						
Taxpayer or Business Owner's Address			City							
County	State	ZIP Code	E-mail Addre	ess						
Missouri Department of Revenu	ue this cash b	oond and the att	ached casl	hier's che			,	•		with the

(\$ Taxpayer understands that it is required to comply with all the provisions of any statutorily or constitutionally authorized state or local tax.

If Taxpayer becomes delinquent and owes the Department the above indicated tax, related fees, interest, additions to tax, and penalties due the state of Missouri, the Director of Revenue may forfeit this bond and apply it to any unpaid delinquencies.

Delivery of any demands, notice, or service of process by the Department shall be deemed sufficient and made in the state of Missouri if personally served or if mailed by U.S. mail to the taxpayer or business address as set forth above. This cash bond and any legal action pertaining thereto shall be governed by and construed in accordance with the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this bond shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri.

By signing this cash bond, the undersigned states that he or she has authority to bind the taxpayer or business identified herein.

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Owner, Partner, Corporate Officer or LLC Member

Date (MM/DD/YYYY)

Taxation Division

Mail to:

Sales and Use or Transient Employer Withholding **Taxation Division**

P.O. Box 357 Jefferson City, MO 65105-0357 Phone: (573) 751-5860 Fax: (573) 522-1722

E-mail: businesstaxregister@dor.mo.gov

Motor Fuel Tax **Taxation Division** P.O. Box 300

Jefferson City MO 65105-0300 Phone: (573) 751-2611 Fax: (573) 522-1720 E-mail: excise@dor.mo.gov

Cigarette Tax **Taxation Division** P.O. Box 811 Jefferson City MO 65105-0811

Phone: (573) 751-7163 Fax: (573) 522-1720

E-mail: DOR.tobacco@dor.mo.gov

Other Tobacco Products

Form 332 (Revised 01-2024)

P.O. Box 3320 Jefferson City, MO 65105-3320 Phone: (573) 751-5772 Fax: (573) 522-1720

E-mail: DOR.tobacco@dor.mo.gov

Visit dor.mo.gov/business/register/ for additional information. TTY (800) 735-2966



