



Missouri Department of Revenue
Cash Bond

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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Personal or company checks will not be accepted as payment. Please remit a cashiers check or money order.

Cash Bond Type	Select only one:	
	<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> Motor Fuel Tax
	<input type="checkbox"/> Other Tobacco Products	Motor Fuel license type (Select One):
	<input type="checkbox"/> Cigarette Tax	<input type="checkbox"/> Supplier or Permissive Supplier <input type="checkbox"/> Distributor
<input type="checkbox"/> Transient Employer Withholding and Unemployment Tax	<input type="checkbox"/> Terminal Operator <input type="checkbox"/> Transporter	

Amount (U.S. Currency - No personal or company checks) \$		Date (MM/DD/YYYY) __ / __ / ____	
At the request of Taxpayers or Business (Owner's name, all Partners, Corporation, or LLC Name)			
Taxpayer or Business Owner's Address		City	
County	State	Zip Code	E-mail Address

_____ (Taxpayer) hereby files with the Missouri Department of Revenue this cash bond and the attached cashier's check or money order in the amount of _____ (\$_____).

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.

Sign	Owner, Partner, Corporate Officer or LLC Member	Date (MM/DD/YYYY)
		__ / __ / ____

Mail to: Form 332 (Revised 02-2015)

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: excise@dor.mo.gov	Other Tobacco Products Taxation Division P.O. Box 3320 Jefferson City, MO 65105-3320 Phone: (573) 751-5772 Fax: (573) 522-1720 E-mail: excise@dor.mo.gov
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Visit <http://dor.mo.gov/business/register/> for additional information. TTY (800) 735-2966

