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Department Use Only				
(MM/DD/YY)				

Miss Num	ouri Tax ber	I.D.																	
I, , the undersigned principal, who is an officer authorized to sign for the corporation, or is the owner of the business, identified by Missouri Tax Identification Number as indicated above, and Federal Identification Number — , do hereby authorize and request the Department of Revenue, State of Missouri, to release the confidential employer withholding tax credit training information as reported to the Department pertaining to the above specified account for all tax periods relating to participation in: New Jobs Training Program New Jobs Training Program This authorization shall be effective this date and until all of the costs associated with my Job Training Program have been paid in full. I, specifically authorize release of such information to the Department of Economic Development, Missouri One Start. I, hereby release the Director of Revenue and Department personnel from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of subject information under Section 32.057, RSMo, or any other applicable confidentiality statute.																			
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. If prepared by a person other than the owner, this declaration is based on all information of which he has any knowledge. I also declare that I have the authority to make this request on behalf of																			
	Title								Phor	ne Number		<u>-</u>		Dat	e (MM/DI	D/YYYY	′) _ /		
Mai	l to:		Divisio	on			E	E-mail	l: wi	thholding	project@	dor.mo.	gov				Form 409	6 (Revised 1	11-2021)

Mail to: **Taxation Division**

P.O. Box 3375

Jefferson City, MO 65105-3375

Phone: (573) 751-8750 Fax: (573) 522-6816 **TTY:** (800) 735-2966



Visit dor.mo.gov/taxation/business/tax-types/withholding/ for additional information.

