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Form **4599**

Missouri Department of Revenue
Recorder's Monthly User Fee Report

County Name	Local Records Preservation Fund and Land Survey **Section 59.319 (1), RSMo** _____ X $2 = _____ Check Number _____
County Address	State Housing Trust Fund **Section 59.319 (2), RSMo** _____ X $3 = _____ Check Number _____
User Fee Collections For The Month of:	Total Due = $ _____

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature	Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Form 4599 (Revised 10-2015)

Mail to: Taxation Division
P.O. Box 453
Jefferson City, MO 65105-0453

Phone: (573) 751-5900
Fax: (573) 522-1720
E-mail: countyfees@dor.mo.gov

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

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