



Missouri Department of Revenue
Request for Sales or Use Tax Cash Bond Refund

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number

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Current Bond Information	Business Name		Amount of Bond Filed (Dollars)	
			\$	
	Business Address			
	City	State	Zip Code	

Reason for Bond Return Request	<input type="checkbox"/> Cash Bond has been filed for the required period (two consecutive years) with a satisfactory tax compliance			
	<input type="checkbox"/> Sold or quit business on (MM/DD/YYYY) ____/____/____			
	<input type="checkbox"/> Business never opened			
	<input type="checkbox"/> Other (Explain)			

Mail Refund To	Name (Check will be issued in the name of the owner(s) listed on the Department's records)		Telephone Number (Daytime)	
			(____)____-____	
	Address			
	City	State	Zip Code	

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I also swear and affirm all returns have been filed and paid and there are no outstanding liabilities.			
	Signature of Taxpayer		Title	
	E-mail Address		Date (MM/DD/YYYY)	
			____/____/____	

Department Use Only	Cash Bond	1.	\$
		2.	\$
		3.	\$
		Total Amount Refunded	
	Check Amount	Check Date (MM/DD/YYYY)	Refund Check Number
		____/____/____	

Form 472 (Revised 12-2014)

Mail to: Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357

Phone: (573) 751-5860
TTY: (800) 735-2966
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Visit <http://dor.mo.gov/business/register/>
for additional information.



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