

Document Locator Number	

Company Name Address		License Number		Federal Employer I.D. Number		Telephone Number					
		P.O. Box	P.O. Box City			State	te ZIP Code				
Product Code	065 - Gasoline 123 - Alcohol 241 - Ethanol 124 - Gasohol 125 - Aviation Gasoline 130 - Jet Fuel	142 - Kerosene 072 - Dyed Kerosene 160 - Diesel Fuel 228 - Dyed Diesel Fuel	2	285 - Soy Oil 290 - Bio-Diese	I – Undyed B100 I - Dyed B100 I – Undyed B100	(Ide 224 - Cor	ending Components dentify) ompressed Natural Gas (CNG) quefied Natural Gas (LNG) opane				
Loss Information	Date of Loss (MM/DD/YYYY)			Location of Loss			Pro	duct Code	Gallons Loss		
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	/										
Name of Company Representative (Please Print)				Signa	Signature		Date (MM/DD/YYYY)				
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This form is to be used when notifying the department of any loss of tax-paid motor fuel lost due to a sudden and unexpected casualty or which had been accidentally contaminated as to be unsalable as highway fuel.

As provided for in Section 142.815.2(7), RSMo,

"Motor fuel which was purchased tax paid and which was lost or destroyed as a direct result of a sudden and unexpected casualty or which had been accidentally contaminated so as to be unsalable as highway fuel as shown by proper documentation as required by the director. The exemption pursuant to this subdivision shall be refunded to the person or entity owning the motor fuel at the time of the contamination or loss. Such person shall notify the director in writing of such event and the amount of motor fuel lost or contaminated within ten days from the date of discovery of such loss or contamination, and within thirty days after such notice, shall file an affidavit sworn to by the person having immediate custody of such motor fuel at the time of the loss or contamination, setting forth in full the circumstances and the amount of the loss or contamination and such other information with respect thereto as the director may require".

This form is used for notification purposes only. An Affidavit for Loss of Motor Fuel must be submitted to obtain credit or refund.

Identifying Information

Enter company name, license number (if licensed as a motor fuel supplier, permissive supplier or distributor), federal employer identification number or social security number, telephone number, and address.

Enter information for the motor fuel lost.

A company representative must sign the form.

Mail to: Taxation Division P.O. Box 300

Jefferson City, MO 65105-0300

Phone: (573) 751-2611 **Fax:** (573) 522-1720 **TTY:** (800) 735-2966

E-mail: excise@dor.mo.gov

Form 4755 (Revised 09-2017)

