

You must receive confirmation fro					exists pric	or to comp	oleting th	is form.
Missouri Tax Identification Number	lax	Period (YYYY/MM	/I)	Overpay Amount				
Federal Employer Identification Number (FEIN) Telephone N			_/		Don	ortmont I lo	o Only	
rederal Employer Identification Number (FEIN)			\ _		Dep	Department Use Only		
Business Name		\	_/	-	_			
Busiless Name								
Business Address			City			State	Zip C	ode
Dusiliess Audiess			City			Otato	2.00	odo
Provide a detailed description of the reaso								
		(104	u o u ,					
If your refund is for an amount the second sec	hat exc	eeds \$100,000 :	an Agreemer	nt to Receive Refund by	ACH Trar	nsfer (For	m 5378)	is required
If your refund is for an amount that exceeds \$100,000, an Agreement to Receive Refund by Signature (Required)					Date (MM/DD/YYYY)			
igns (Bato (i	/	,	
Ø							m /85/ (P	evised 03-2024)
Mail to: Taxation Division P.O. Box 3375 Jefferson City, MO 65105-3	3375	Phone: (573) Fax: (573) 52 E-mail: with	22-6816	Visit <u>http://dor.mo</u>			ithhold/	
Form REVENUE Employer Withho	olding			t a valid overpayment e	exists pric	or to comp	oletina th	is form.
REVENUE	olding		Revenue tha	t a valid overpayment e	exists pric	or to comp	oleting th	iis form.
4854 REVENUE Employer Withhouse You must receive confirmation from	olding	Department of I	Revenue tha		exists pric	or to comp	oleting th	is form.
You must receive confirmation from Missouri Tax Identification Number	om the	Department of I	Revenue tha			or to comp artment Us	-	is form.
4854 REVENUE Employer Withhouse You must receive confirmation from	om the	Department of I	Revenue tha				-	is form.
You must receive confirmation from Missouri Tax Identification Number	om the	Department of I	Revenue tha				-	is form.
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (F	om the	Department of I	Revenue tha				-	is form.
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (F	om the	Department of I	Revenue tha				-	1 1
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (Fundamental Employer Identification Number	om the	Department of I	Revenue tha			artment Us	e Only	1 1
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (Fundamental Employer Identification Number	om the Tax	Department of I	Revenue tha			artment Us	e Only	1 1
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (Factorial Employer Identification Identification Number (Factorial Employer Identification	om the Tax EEIN)	Department of I	Revenue that	Overpay Amount	Depa	artment Us	e Only	ode
You must receive confirmation from Missouri Tax Identification Number Federal Employer Identification Number (Figure 1) Business Name Business Address Provide a detailed description of the reason	om the Tax EEIN)	Department of I	Revenue that	Overpay Amount	Deparement	artment Us	zip C	ode

Form 4854 (Revised 03-2024)

Mail to: Taxation Division
P.O. Box 3375
Jefferson City, MO 65105-3375

Phone: (573) 751-7200 Fax: (573) 522-6816 Visit <u>h</u> E-mail: <u>withholding@dor.mo.gov</u>

Visit http://dor.mo.gov/business/withhold/

for additional information.

