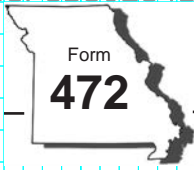


0000000001111111111222222222233333333334444444445555555555666666666677777777778888888889999999999



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

Department Use Only (MM/DD/YY) [Yellow boxes]

Missouri Tax I.D. Number [Yellow boxes]

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](mailto:businesstaxregister@dor.mo.gov)

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



14603010001