



Missouri Department of Revenue  
**Employer Withholding Tax Refund Request**

Department Use Only  
(MM/DD/YY)

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Reporting Period  
(MM/YY)

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Missouri Tax I.D.  
Number

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Federal Employer  
I.D. Number

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Please logon to the Online Credit Inquiry System to verify all overpayments on your account prior to completing this form.

<b>Company</b>	Business Name		Overpay Amount		
	Business Address			Telephone Number (____) ____ - ____	
	City		State	Zip Code	

<b>Credit</b>	Tax Year _____ <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
	Tax Year _____ <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
	Tax Year _____ <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
	Tax Year _____ <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December

Provide a detailed description of the reason for overpayment. (Required)

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number 

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      b. Account Number 

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c.  Checking     Savings

Please complete Agreement to Receive Refund by ACH Transfer (**Form 5378**) to receive refunds by ACH and submit with this form.

<b>Signature</b>	Signature (Required)	Date (MM/DD/YYYY) ____ / ____ / ____

Form 4854 (Revised 12-2014)

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

**Phone:** (573) 751-7200  
**Fax:** (573) 522-6816  
**E-mail:** [withholding@dor.mo.gov](mailto:withholding@dor.mo.gov)

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



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