

Department Use Only  
(MM/DD/YY)

Reporting Period  
(MM/YY)

Federal Employer  
ID Number

Case Number  
(if applicable)

The original, notarized statement must be provided to the Department. Copies, faxes, or e-mailed copies will not be accepted.

Name									
Address									
City							State	Zip Code	
Contact Telephone Number (    ) -    -					E-mail Address				

Name										Missouri Tax Identification Number ____ _									
Address																			
City															State			Zip Code	
Contact Telephone Number (____ _)-____ _-____ _										E-mail Address									

On page 2, enter each transaction for which you are requesting a refund. Enter the total number of transactions and the total refund requested below.

Total Number of Transactions	Total Refund Requested
	\$

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I assign to Purchaser the limited right to seek a refund from the Missouri Department of Revenue for the listed transactions. I affirm that I have not received a refund or credit of sales or use tax paid on the transactions and I will not apply for a refund or credit of the tax collected on any transaction covered by this agreement. I authorize the Missouri Department of Revenue to amend my sales or use tax returns as a result of any refund granted. I am authorized to execute this assignment on behalf of the seller.

Signature	Title
Printed Name	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Embossed or black ink rubber stamp seal	Subscribed and sworn before me, this		
	day of		year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY)
	____/____/____		
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		



## Transactions

[illegible]