



MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU
**REQUEST FOR SALES/USE
TAX CASH BOND REFUND**

FORM
472
(REV. 10-2007)

DLN

To initiate the refund of the Sales/Use Tax Cash Bond, complete the following information and fax or mail it to: **Missouri Department of Revenue, Taxation Bureau, P.O. Box 357, Jefferson City, MO 65105-0357. (573) 522-1722.** If you have questions about completing this form, you may call us at (573) 751-5860 or e-mail us at businessstaxregister@dor.mo.gov

THE FOLLOWING BUSINESS HAS POSTED BOND WITH THE MISSOURI DEPARTMENT OF REVENUE

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

MISSOURI TAX ID NUMBER

AMOUNT OF BOND FILED

DATE BOND FILED

DOLLARS (\$))

RETURN OF THE BOND IS REQUESTED FOR THE FOLLOWING REASON: (CHECK APPROPRIATE BOX)

- CASH BOND HAS BEEN FILED FOR THE REQUIRED PERIOD WITH A SATISFACTORY TAX COMPLIANCE
- SOLD OR QUIT BUSINESS ON _____
- BUSINESS NEVER OPENED
- OTHER (EXPLAIN) _____

MAIL BOND REFUND TO

NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER (DAYTIME)

I swear or affirm all returns have been filed and paid, there are no outstanding liabilities, and the information reported on this form and any attached supplements is true and correct.

SIGNATURE OF TAXPAYER

TITLE

DATE

DEPARTMENT USE ONLY

CASH BOND

1. \$

2. \$

3. \$

4. **TOTAL AMOUNT REFUNDED** \$

REFUND CHECK NUMBER

CHECK DATE

CHECK AMOUNT