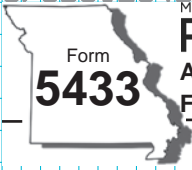


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MISSOURI DEPARTMENT OF REVENUE

Assignment of Rights From the Seller to Purchaser For Refund Under Section 144.190.4(1)

Department Use Only (MM/DD/YY)

Reporting Period (MM/YY)

Purchaser Missouri Tax I.D. Number

Purchaser Federal Employer I.D. Number

Case Number Department Use Only

Purchaser Information: Name, Address, City, State, ZIP Code, Contact Telephone Number, E-mail Address

Seller Information: Name, Address, City, State, ZIP Code, Contact Telephone Number, E-mail Address

By checking this box, I authorize the purchaser, or purchaser's representative, to receive information about the seller's account regarding the periods for which a refund claim is being submitted.

On page 2, enter each transaction you are requesting a refund for. The seller should add the jurisdiction code for the location where the sales were reported on their return.

Table with 2 columns: 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.

Seller's Signature: Signature, Title, Printed Name, Date (MM/DD/YYYY)

Notary Information: Embosser 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)



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