MISSOURI DEPARTMENT OF REVENUE

Form **2643T**

Transient Employer Missouri Tax Registration Application

Department Use Only (MM/DD/YY) ☐☐ ☐☐ ☐☐

Missouri Tax I.D. Number (Optional) ☐☐☐☐☐☐☐☐

Federal Employer I.D. Number ☐☐☐☐☐☐☐☐☐

If you will be making sales in Missouri, you must fill out a, Missouri Tax Registration Application (**Form 2643**).

Checklist

Before the Department can process your transient employer application, you must provide the following with this application:

- ☐ A completed insurance certification document indicating Missouri as a covered state for Workers' Compensation;
- ☐ If hiring a Missouri resident, you will need your Missouri Employment Security Account Number issued by the Missouri Department of Labor (573) 751-3571;
- ☐ Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office (866) 223-6535; and
- ☐ A Transient Employer Bond not less than $5,000, not more than $25,000.

Answer all questions completely. Incomplete and unsigned applications will delay processing.

3. Missouri Employment Security Account number, if hiring a Missouri resident: (first seven digits required) ... ☐☐☐☐☐☐☐☐☐☐

Reason for Application

4. Select all tax types for which you are applying:

- ☐ Transient Employer Withholding Tax (Bond Required)
- ☐ Corporate Income Tax
- ☐ Corporate Franchise Tax
- ☐ Consumer's Use Tax (Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid sales or use tax to the seller or the property is exempt from tax.)

Reason for Applying

- ☐ New MO Registration
- ☐ Purchase of Existing Business
- ☐ Reinstating Old Business
- ☐ Converted (must have converted through the Missouri Secretary of State's office)
- ☐ Court Appointed Receiver
- ☐ Other:

Owner Information

5. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)

Address		E-mail Address	
City	State	ZIP Code	County

If an individual is listed as the owner, you must also provide the following:

Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number
☐☐☐☐☐☐☐☐☐	___ ___ /___ ___ /___ ___ ___ ___	(___ ___ ___)___ ___ ___-___ ___ ___ ___

Ownership Type

6. Ownership Type ☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register at **sos.mo.gov** or call (866) 223-6535). Your application will not be complete without providing the charter number issued to you by their office.

- ☐ Limited Partnership - LP Number _____
- ☐ Limited Liability Partnership - LLP Number _____
- ☐ Limited Liability Company - LLC Number _____
  Taxed as a ☐ Disregarded Entity ☐ Partnership ☐ Corporation
- ☐ Missouri Corporation - Missouri Charter No. _____
  Date Incorporated (MM/DD/YYYY) ___ ___ /___ ___ /___ ___ ___ ___
- ☐ Non-Missouri Corporation - Missouri Charter No. _____
  State of Incorporation _____ Date Registered in Missouri (MM/DD/YYYY) ___ ___ /___ ___ /___ ___ ___ ___

- ☐ Not Required to register with Missouri Secretary of State
- ☐ Other

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Business Mailing Address

Reporting forms and notices will be mailed to this address.

7. Address (street, rural route or P.O. Box)	City	State	ZIP Code
Company Name if different than owner			

Officers, Partners, or Members

8. Provide the officers, partners, or members (L.L.C.) of your business who are responsible for the collection and remittance of tax. Listing individuals or entities here indicates they have direct supervision or control over tax matters. Attach list if needed.

Name (Last, First, Middle Initial)			Title	
Social Security Number	Federal Employer ID Number (FEIN)			Date of Birth (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___
Home Address			City	
State	ZIP Code	County		Title Begin Date (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___

Name (Last, First, Middle Initial)			Title	
Social Security Number	Federal Employer ID Number (FEIN)			Date of Birth (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___
Home Address			City	
State	ZIP Code	County		Title Begin Date (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___

Representatives

9. Business Tax Accounts: Identify all persons who are not a partner, member (L.L.C), or officer of the business that have direct supervision or control over tax matters whom you authorize the Department to discuss your tax matters. Attach list if needed.

Title Begin or End Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Name (Last, First, Middle Initial)		
Title	Social Security Number		Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Home Address			
City	State	ZIP Code	County

Business Name and Physical Location

10. Business Name (dba name: attach list if necessary for additional locations)			
Street, Highway (Do not use P.O. Box Number or Rural Route Number)		City	
County	State	ZIP Code	Business Telephone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___

11. The location of your job site(s) in Missouri (Attach list if necessary): _____

12a. Is this business located inside the city limits of any city or municipality in Missouri?
To verify go to **https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation**

☐ No ☐ Yes — Specify the city: _____

12b. Is this business located inside a district(s)? For example, ambulance, fire, tourism, community or transportation development.

☐ No ☐ Yes — Specify the district name(s): _____

Business Activity

13. Describe the business activity, stating the major products sold and services provided.

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Consumer's Use Tax

14. Consumer's or Taxable Purchases Begin Date (MM/DD/YYYY) __ __/__ __/__ __ __ __

Corporate Income Tax

15. Is this corporation registered with the Internal Revenue Service as a ❒ Regular or Close Corporation ❒ Sub Chapter S Corporation

16. Corporation Tax Begin Date in Missouri (MM/DD/YYYY) __ __/__ __/__ __ __ __

Corporation Taxable Year End (MM/DD) __ __/ __ __

17. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated tax is expected to be at least $250, or 6.25% of the Missouri taxable income, check the "Yes" box..... ❒ Yes ❒ No

Employer Withholding Tax

18. Missouri Withholding Begin Date (MM/DD/YYYY) __ __/__ __/__ __ __ __

How many of your employees will work in Missouri?

19. Will any of your employees be Missouri residents? ..... ❒ Yes ❒ No

20. Calculate employer withholding tax:

Estimated monthly gross wages _____ X 5.4% = _____

❒ Annually (less than $100 withholding tax per quarter)

❒ Monthly ($500 to $9,000 withholding tax per month)

❒ Quarterly ($100 withholding tax per quarter to $499 per month)

❒ Quarter-Monthly (weekly), over $9,000 withholding tax per month; (required to pay electronically)

21. Does a parent company file withholding tax reports and receive full compensation for timely filed returns?..... ❒ Yes ❒ No

22. If you do not pay wages year round, please check the months that you do pay wages.

❒ January ❒ February ❒ March ❒ April ❒ May ❒ June ❒ July ❒ August ❒ September ❒ October ❒ November ❒ December

Transient Employer Bond

23. Calculate transient employer bond:

A. Missouri withholding tax

Monthly gross wages _____ X 5.4% = _____ X 3 = _____ (a)

B. Missouri unemployment tax

Average # of workers _____ X $7,000 = _____ X 3.38% _____ / 4 = _____ (b)

(a) _____ + (b) _____ = _____ (amount of bond - minimum $5,000)

Visit **http://dor.mo.gov/forms/index.php?category=13** for bond forms.

Type of bond ❒ Cash Bond (**Form 332**) ❒ Certificate of Deposit (**Form 4172**) ❒ Irrevocable Letter of Credit (**Form 2879**) ❒ Surety Bond (**Form 331**)

Signature

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature **No digital signatures allowed**	Title	Date (MM/DD/YYYY) __ __/__ __/__ __ __ __
Typed or Printed Name	E-mail Address	

Confidentiality of Tax Records

Missouri Statue 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit **http://dor.mo.gov/forms** to obtain a Power of Attorney (**Form 2827**).

Mail to: Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357

Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: **businesstaxregister@dor.mo.gov**

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

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Transient Employer Bond Information

Transient Employer: Missouri **Statute 285.230, RSMo**, a transient employer must file a bond with the Department unless they meet all the exemption criteria listed in 285.230(2). The amount of bond shall not be less than the average estimated quarterly withholding and unemployment tax liabilities of the employer and in no case less than $5,000 nor more than $25,000.

*** Important: If you are a transient employer and fail to file a bond, you are in violation of Missouri law. You may be guilty of a misdeameanor and penalized up to $5,000 and will not be able to perform work in Missouri.

Cash Bond (**Form 332**)

1. Fully complete the cash bond form. Owners name must include owner, all partners, corporation, or LLC name.
2. Sign the cash bond form.
3. Forward a cashier's check, money order, or certified check with the cash bond form. Cash, personal, or company checks are not acceptable.

Surety Bond (**Form 331**)

1. Owners name must include owner, all partners, corporation, or LLC name.
2. A surety bond must be issued by an insurance company licensed for bonding with the Department of Insurance, State of Missouri.
3. It must be on the form provided by the Department.
4. The form must bear the effective date.
5. It must be signed by an authorized representative of the surety company and the owner, partner, officer, or member.
6. The Surety Bond must be accompanied by a valid Power of Attorney letter, issued by the surety company, authorizing the surety official to sign the Surety Bond.
7. It must be the original bond. A copy is not acceptable.

Irrevocable Letter of Credit (**Form 2879**)

1. Owners name must include owner, all partners, corporation, or LLC name.
2. The letter of credit must be issued by a financial banking institution located in the United States.
3. It must be on the form provided by the Department.
4. It must be the original letter of credit. A copy is not acceptable.
5. It must state the owner's name.
6. It must state the date of issuance.
7. It must be signed by a bank official and notarized.
8. It must be accompanied by an "Authorization for Release of Confidential Information" form which must be signed by the owner, partner, officer, or member and notarized.

Certificate of Deposit (**Form 4172**)

1. The Certificate of Deposit must be issued by a state or federally chartered financial institution.
2. The Certificate of Deposit must be issued in the name of the Missouri Department of Revenue and the owner, all partners, corporation name or limited liability company name.
3. It must be issued for not less than 24 months.
4. It must be accompanied by the "Assignment of Certificate of Deposit" form provided by the Department which must be completed by the financial institution.
5. The Certificate of Deposit must be endorsed or accompanied by a signed withdrawal slip.
6. The actual Certificate of Deposit, Assignment of Certificate of Deposit, and a copy of the signature card must be forwarded with the registration application.

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MISSOURI DEPARTMENT OF REVENUE

Form 332

Cash Bond

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Personal or company checks will not be accepted as payment. Please remit a cashier's check or money order.

Cash Bond Type

Select only one:

- ☐ Sales and Use Tax
- ☐ Other Tobacco Products
- ☐ Cigarette Tax
- ☐ Transient Employer Withholding and Unemployment Tax
- ☐ Motor Fuel Tax

Motor Fuel license type (Select One):

- ☐ Supplier or Permissive Supplier
- ☐ Distributor
- ☐ Terminal Operator
- ☐ Transporter

Amount (U.S. Currency - No personal or company checks)			Date (MM/DD/YYYY)
$			__ __ / __ __ / __ __ __ __
At the request of Taxpayers or Business (Owner's name, all Partners, Corporation, or LLC Name)			
Taxpayer or Business Owner's Address			City
County	State	Zip Code	E-mail Address

_____(Taxpayer) hereby files with the Missouri Department of Revenue this cash bond and the attached cashier's check or money order in the amount of _____($_____).

Taxpayer understands that it is required to comply with all the provisions of any statutorily or constitutionally authorized state or local tax.

If Taxpayer becomes delinquent and owes the Department the above indicated tax, related fees, interest, additions to tax, and penalties due the state of Missouri, the Director of Revenue may forfeit this bond and apply it to any unpaid delinquencies.

Delivery of any demands, notice, or service of process by the Department shall be deemed sufficient and made in the state of Missouri if personally served or if mailed by U.S. mail to the taxpayer or business address as set forth above. This cash bond and any legal action pertaining thereto shall be governed by and construed in accordance with the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this bond shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri.

By signing this cash bond, the undersigned states that he or she has authority to bind the taxpayer or business identified herein.

Sign

Owner, Partner, Corporate Officer or LLC Member	Date (MM/DD/YYYY)
	__ __ / __ __ / __ __ __ __

Form 332 (Revised 02-2015)

Mail to:

Sales and Use or Transient Employer Withholding
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Motor Fuel Tax
Taxation Division
P.O. Box 300
Jefferson City MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Cigarette Tax
Taxation Division
P.O. Box 811
Jefferson City MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Other Tobacco Products
Taxation Division
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit http://dor.mo.gov/business/register/ for additional information. TTY (800) 735-2966

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MISSOURI DEPARTMENT OF REVENUE

Form 331

Surety Bond

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Bond Type

Select One:

- ☐ Sales and Use Tax
- ☐ Cigarette Tax
- ☐ Other Tobacco Products
- ☐ Transient Employer Withholding Tax
- ☐ Motor Fuel Tax

Motor Fuel license type (Select One):

- ☐ Supplier or Permissive Supplier
- ☐ Terminal Operator
- ☐ Distributor
- ☐ Transporter

Requirements

- Issued by licensed surety company
- Signed by surety company's authorized representative
- Signed by taxpayer's authorized representative
- Include an effective date
- Include a valid Power of Attorney issued by the surety company.

Amount (U.S. Currency) $	Bond Number	Issue Date (MM/DD/YYYY) ___ ___ /___ ___ /___ ___ ___ ___
At the Request of Taxpayer or Business (Owner's Name, All Partners, Corporation, or LLC Name)		County

Taxpayer or Business Owner Address	City	State	Zip Code

_____ (Issuer) hereby issues this Surety Bond (bond) in favor of the Missouri Department of Revenue, in the aggregate sum of _____ dollars ($ _____). This bond shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri or the Department on or after the date of this bond.

The funds shall be paid to the Department upon a written demand for payment on the Issuer by referencing this bond. The demand for any payment shall be sent by U.S. mail. The Issuer shall upon receipt honor all partial or full demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

The surety may cancel the bond by delivering sixty (60) days written notice to the Department. Any election to cancel this bond shall not relieve, release, or discharge the Issuer from any liability for the indicated taxes, related fees, interest, additions to tax, and penalties of the taxpayer or business that may accrue for all periods prior to the cancellation of the bond.

The Department shall have a period of one year after the expiration or cancellation date of the sales, use, transient employer withholding and unemployment tax bond to make a demand for payment upon the Issuer.

The Department shall have a period of 3 years after the expiration or cancellation date of the motor fuel, cigarette and other tobacco products tax bond to make a demand for payment upon the issuer.

This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this bond shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The Issuer understands and agrees that the surety shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this bond.

The person signing this bond states that he or she has the legal authority to enter into this bond and to legally bind the taxpayer or business below.

Surety Name	Surety Phone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___	Surety Company Certificate of Authority Number
Surety Officials Name Typed or Printed	Signature of Surety Official	

Surety Address	City	State	Zip Code

Authorization

Authorization for release of confidential information has been set forth at the request of the Department and does not constitute a part of, or an exhibit to, the surety bond.

I hereby authorize release of confidential tax information to the issuing Surety Company listed above for the purpose of making demand for payment on the Surety Bond Number listed above as long as the obligation remains in force and effect. Release of this information to the named surety company does not give the surety company authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer or business below.

In witness whereof, this taxpayer or business duly executed the foregoing this _____ day of _____ , 20_____.

Taxpayer or Business Owner (Proprietorship, Partnership, Corporation or LLC)	Title	Phone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___
Signature of Owner, Partner, Corporate Officer, or Member	Print or Type Name of Person Signing This Release	E-mail address

No digital signatures allowed

Form 331 (Revised 02-2015)

Mail To: Sales and Use or Transient Employer Withholding Tax
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Motor Fuel Tax
P.O. Box 300
Jefferson City MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Cigarette Tax
P.O. Box 811
Jefferson City MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Other Tobacco Products
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

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MISSOURI DEPARTMENT OF REVENUE

Form 2879

Irrevocable Letter of Credit

Department Use Only (MM/DD/YY)

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Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Tax Type

- ❒ Sales and Use Tax
- ❒ Cigarette Tax
- ❒ Motor Fuel Tax
- ❒ Other Tobacco Products
- ❒ Transient Employer Withholding and Unemployment Tax

Amount (U.S. Currency)	Letter of Credit Number	Date of Issuance (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
At the request of Taxpayer or Business (Owner's name), all Partners, Corporation, or LLC Name		
Taxpayer or Business Owner's Address		City
County	State	Zip Code	E-mail Address

_____(Issuer) hereby issues this Irrevocable Letter of Credit (ILC) in favor of the Missouri Department of Revenue, in the aggregated sum of _____ dollars ($_____). This ILC shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri on or after the date this ILC is issued.

The funds shall be paid to the Department upon a written demand for payment on the Issuer referencing this ILC. A demand for any payment shall be sent by U.S. mail or personal service. The Issuer shall upon receipt honor all partial or full demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

This ILC shall be effective for a period of one year from the date of issuance and shall automatically renew for additional one-year periods unless at least sixty (60) days prior to any such expiration date the Issuer notifies the Department in writing at the address indicated for each type of tax shown above that it does not elect to renew this ILC. Any election not to renew the ILC shall not operate to relieve, release or discharge the Issuer from any liability for the indicated tax or taxes and related fees, interest, additions to tax, and penalties of the taxpayer or business that may accrue for all periods prior to the cancellation of the ILC.

The Department shall have a period of one year after the expiration date of the ILC to make a demand for payment upon the Issuer. The Issuer affirms that any demand for payment made by the Department in accordance with the terms of this ILC shall be honored upon receipt.

This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these terms and the laws of the State of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this ILC shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The Issuer understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this ILC.

The person signing this ILC states that he or she has the legal authority to enter into this ILC and to legally bind the taxpayer or business below.

No digital signatures allowed

Bank or Financial Institution

Issuing Bank or Financial Institution	Address
City, State, Zip Code	Telephone Number (__ __ __)__ __ __-__ __ __ __
Signature and Title of Bank or Financial Institution Official	Bank Official's Typed or Printed Name

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Notary Public

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
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

Authorization for Release of Confidential Information

The following Authorization for Release of Confidential Information has been set forth at the request of the Missouri Department of Revenue and does not constitute a part of, or an exhibit to, the Irrevocable Letter of Credit on the reverse side of this form.

I hereby authorize release of confidential tax information to _____
(Bank or Financial Institution)

for the purpose of making demand for payment on Irrevocable Letter of Credit Number _____

as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer or business below.

In witness whereof, this taxpayer or business duly executed the foregoing this _____ day of _____, 20 _____.

Signature

Signature of Owner, Partner, Corporate Officer, or Member	Typed or Printed Name of Person Signing this Release
Title	Date (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

Form 2879 (Revised 02-2015)

Mail to:

Sales and Use or Transient Employer Withholding Tax
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Motor Fuel Tax
Taxation Division
P.O. Box 300
Jefferson City MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Cigarette Tax
Taxation Division
P.O. Box 811
Jefferson City MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Other Tobacco Products
Taxation Division
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit http://dor.mo.gov for additional information. TTY (800) 735-2966

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MISSOURI DEPARTMENT OF REVENUE

Form 4172

Assignment of Certificate of Deposit

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Tax Type

- ☐ Sales and Use Tax
- ☐ Cigarette Tax
- ☐ Motor Fuel Tax
- ☐ Other Tobacco Products
- ☐ Transient Employer Withholding and Unemployment Tax

Enter Owner's Name in front of "and Missouri Department of Revenue"

Owner's Name, all Partners, Corporation, or LLC Name and Missouri Department of Revenue			E-mail Address
Business Address	City	State	ZIP Code
Taxpayer or Business Owner's Address	City	State	ZIP Code

I,_____, being of lawful age, assign and transfer the Certificate of Deposit (CD) for _____ ($ _____), Certificate of Deposit Number _____, issued _____, 20____, by_____, located at _____ _____, as security to the Missouri Department of Revenue (Department) in lieu of a cash bond. This CD shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri on or after the date this CD is issued.

I understand that at any time a delinquency occurs, the Department may redeem the CD assigned by this instrument and apply the proceeds to such delinquency. I agree that Administrative Rules and Revised Statutes of Missouri will govern my rights and responsibilities under this assignment. If I have not maintained a satisfactory tax compliance, and my CD is automatically renewable, the Department will allow the CD to renew. I understand that I will be notified when the Department elects to renew my CD.

Service of process shall be deemed sufficient and made in the state of Missouri if mailed by U.S. mail to the Financial Institution's address as set forth above. This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these terms and the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this CD shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The undersigned bank understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this CD.

I have read the foregoing and fully understand it and certify that I am the taxpayer subject to this assignment or I have the authority to execute this assignment on behalf of the Taxpayer.

Taxpayer of Record

Business Name	
Owner, Officer, Partner, or Member Signature	Title

Financial Institution Acknowledgement

Select One:

- ☐ The paper Certificate of Deposit is attached.

No digital signatures allowed

- ☐ The Certificate of Deposit is paperless. A withdrawal slip, confirmation of withdrawal, or endorsement on the Certificate of Deposit is not required. In the event that taxpayer becomes delinquent, and the Department seeks the redemption of the Certificate of Deposit, a written request from the Department together with this Assignment is the only documentation necessary to release funds to the Department.

Bank	Phone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___	By (Signature of Banking Official)
Bank Official's Name		Title

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Notary Public

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
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

Release

Authority to release the Certificate of Deposit is hereby granted this _____

day of _____ 20 _____. Please mail any proceeds from the Certificate of Deposit

to _____.

Missouri Department of Revenue

By: _____

Title: _____

Certificate of Deposit

The Department will accept a Certificate of Deposit (CD) issued by a state or federally chartered financial institution in lieu of a Cash Bond subject to the provisions of Revised Statutes of the State of Missouri.

Assignment of CD Requirements

- Form 4172 must be fully completed by the financial institution.
- It must be issued jointly in the name of the owner and the Missouri Department of Revenue.
- The bank official's signature must be notarized.
- Form 4172 must be signed by the sole owner, partner, corporate officer, or member.
- Attach a completed signature card, if required by financial institution.
- Send all completed required documents to the address on Form 4172.

Certificate of Deposit Requirements

- A paper CD must be:
  - Issued jointly in the name of the owner and the Missouri Department of Revenue;
  - A 12-month (2 year) CD; and
  - Endorsed in ink by the owner.
- If the CD is a "Book Entry" CD, a signed withdrawal slip or a letter from the issuing financial institution indicating how the Department of Revenue may draw upon the CD must accompany this form. The sole owner, a partner, a corporate officer, or a member of a limited liability company must sign the withdrawal slip.
- If the CD is paperless, check the appropriate box.
- The interest derived from the CD must be compounded. If a delinquency occurs, the Department may redeem the CD. Any proceeds from the CD exceeding the delinquency, including interest proceeds, will be converted to a cash bond.
- The Financial Institution must honor upon receipt all demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

Mail to:

Sales and Use or Transient
Employer Withholding Tax
Taxation Division
PO Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Motor Fuel Tax
Taxation Division
PO Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Cigarette Tax
Taxation Division
PO Box 811
Jefferson City MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Other Tobacco Products
Taxation Division
PO Box 3320
Jefferson City MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

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

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