Form REVENUE Cash Bond		_		partment Use On M/DD/YY)	ly					
Missouri Tax I.D. Number (Optional)			ederal Employe D. Number	er						
Personal or company check	s will not be a	accepted as pay	ment. Pleas	se remit a cas	shier's ch	eck or	money o	order.		
		1 17								
Select only one: Select only one: Motor Fuel Tax Other Tobacco Products Cigarette Tax Supplier or Permissive Supplier Transport Transport Transport Transport Transport Transport Transport Transport Transport										
Other Tobacco Products				Motor Fuel license type (Select One):						
Cigarette Tax				Supplier or Permissive Supplier Distributor						
Transient Employer Withh	☐ Terminal Operator ☐ Transporter									
Amount (I.I.S. Currency - No personal or	company checks	•)	Date (MM/DI	D/VVV)						
Amount (U.S. Currency - No personal or company checks)			/ /							
At the request of Taxpayers or Business	(Owner's name,	all Partners, Corpora	ation, or LLC Na	ame)						
Taxpayer or Business Owner's Address			City							
County	State	Zip Code	E-mail Addre	ess						
				ſ	Taxpaye	ır) her	ehv files	s with the	 he	
Missouri Department of Revenu	e this cash b	oond and the at	tached cash	·		,	•			
Taxpayer understands that it is re or local tax.	quired to com	ply with all the p	rovisions of a		y or const	titutiona	ally autho	rized sta	_,. ite	
If Taxpayer becomes delinquent		•							ìХ,	

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.

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Owner, Partner, Corporate Officer or LLC Member

Date (MM/DD/YYYY)

Form 332 (Revised 02-2015)

Mail to:

P.O. Box 357

Sales and Use or Transient Employer Withholding **Taxation Division**

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



