	Form 32 Bash Bond	-			urtment Use Only DD/YY)		
Missou Numbe (Optior				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 (If req Other Tobacco Products Cigarette Tax Transient Employer Withf	olding and Une	employment 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) \$ / /					/		
· ·	request of Taxpayers or Business	(Owner's name,	all Partners, Corpo	ration, or LLC Nan	me)		
Taxpayer or Business Owner's Address				City			
Count	у	State	ZIP Code	E-mail Address	35		
					(Townower) hereby files with the		

_(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)
		//

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

Form 332 (Revised 01-2024)

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



