



Missouri Department of Revenue
City Fees

Please report on a monthly basis. Send your report and payment by the 20th of the month following collection. (Example — all funds collected in May send by June 20th.)

If you have cases making partial payments, please indicate so on the form, noting “partial payments included”, and report the total number of cases that have paid in full.

Reporting Period	
From	To
Court County	Missouri City

Fee Type	Number of Cases	Amount Per Case	Total Amount	Check Number
Crime Victim Compensation Fund (95% of \$7.50 surcharge - Please submit one check.)		\$	\$	
Court Automation Fund Fee (\$7.00 - Please submit one check.)		\$	\$	
Clerk Fees (Indicate the total amount and submit one check.)			\$	

Each fee type represents a different fee, therefore, please send a separate check for each fee.

If no activity, please return form indicating “No Activity” in the appropriate box.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.	
	Signature	Date (MM/DD/YYYY) ____ / ____ / ____

Form 4583 (Revised 10-2015)

Mail to: Taxation Division
P.O. Box 453
Jefferson City, MO 65105-0453

Phone: (573) 751-5900
Fax: (573) 522-1720
E-mail: countyfees@dor.mo.gov

Visit <http://dor.mo.gov/business/citycounty/>
for additional information.

