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MISSOURI DEPARTMENT OF REVENUE

Form 4854

Employer Withholding Tax Refund Request

You must receive confirmation from the Department of Revenue that a valid overpayment exists prior to completing this form.

Missouri Tax Identification Number	Tax Period (YYYY/MM)	Overpay Amount
	____ ____ ____ ____ / ____ ____	

Federal Employer Identification Number (FEIN)	Telephone Number	Department Use Only
	(____ ____ ____) ____ ____ ____ - ____ ____ ____ ____	

Business Name			
Business Address	City	State	Zip Code

Provide a detailed description of the reason for overpayment. (Required)

Signature

Signature (Required)	Date (MM/DD/YYYY)
	____ ____ / ____ ____ / ____ ____ ____ ____

Form 4854 (Revised 05-2014)

Mail to: Taxation Division
P.O. Box 3375
Jefferson City, MO 65105-3375

Phone: (573) 751-7200
Fax: (573) 522-6816
E-mail: withholding@dor.mo.gov

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

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