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Form **5440**

Missouri Department of Revenue

Statement Confirming Purchaser's Efforts to Obtain an Assignment of Rights From the Seller For Refund Under Section 144.190.4(2)

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

Reporting Period (MM/YY) ☐☐ ☐☐

Missouri Tax I.D. Number ☐☐☐☐☐☐☐☐

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

Case Number (if applicable) ☐☐☐☐☐☐☐☐

The original, notarized statement must be provided to the Department. Copies, faxes, or e-mailed copies will not be accepted.

Purchaser Information

Name		
Address		
City	State	Zip Code
Contact Telephone Number (___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___	E-mail Address	

Seller Information

Name	Missouri Tax Identification Number ___ ___ ___ ___ ___ ___ ___ ___	
Address		
City	State	Zip Code
Contact Telephone Number (___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___	E-mail Address	

Transactions

In detail, please complete the information below. Attach a second page, if needed.

Description of Taxable Good or Service	Cost of Good or Service	Month and Year of Purchase	Street, City, and State of Purchase	Amount of Refund Requested
1.	$			$
2.	$			$
3.	$			$
4.	$			$
5.	$			$
6.	$			$
7.	$			$
8.	$			$

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Purchaser's Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
I affirm that (select only one):

- ☐ I have requested in writing an assignment of rights from the Seller and the Seller failed or refused to provide an assignment within 60 days.
- ☐ I am not able to locate the Seller.
- ☐ The Seller is no longer in business.

I assert my right under **Section 144.190.4(2), RSMo**, to pursue a refund with the Missouri Department of Revenue for the listed transactions. I am authorized to execute this statement on behalf of the purchaser.

Signature	Title
Printed Name	Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Notary Information

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 (MM/DD/YYYY) __ __ /__ __ /__ __ __ __
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

Mail to: Taxation Division
P.O. Box 3350
Jefferson City, MO 65105-3350

Phone: (573) 526-9938
Fax: (573) 751-9409
TTY: 1-800-735-2966
E-mail: salesrefund@dor.mo.gov

Visit
http://dor.mo.gov/faq/business/refund.php
for additional information.

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