Pegatament Use Only Transient Employer Missouri Tax Registration Application Missouri Tax I.D. If you will be making sales in Missouri, you must fill out a, Missouri Tax Registration Application (Form 2643). Before the Department can process your transient employer application, you must provide the following with this application: A completed insurance certification document indicating Missouri as a covered state for Workers' Compensation: Thirting a Missouri resident, you will need your Missouri Employment Security Account Number issued by the Missouri Department of Labor (73) 761-13571; Vour Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office (866) 229-6305; and A Transient Employer Beautify Account number, if hiring a Missouri resident (first seven digits required) 4. Select all tax types for which you are applying: Transient Employer Withholding Tax (Bond Required) Corporate Franchise Tax Consumer's Use Tax (Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax on tangible personal property in this state. You must pay consumer's use tax to the seller or the property is exempt from tax.) 5. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable) Address Cry Code County 11 an individual is listed as the owner, you must also provide the following: Social Security Number Social Security Number Date of Birth (MMDDYYYYY) Tolephone Number Tax Registration Application. Tax Registration Application. Tax Registration Application. Tax Registration Applicat	0000 5678		3333344444444444555 567890123456789012	5555555666666666777777777788 34567890123456789012345678901
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04	ă					
05	Use					
06	n s	14. Consumer's or Taxable Purchase	s Begin Date (MM/DD/YYY)	Λ / /		
07	Consumer's	The defication of traxable translates	o Bogiii Bato (Milvi, BB) 1 1 1 1			
Ø8	μü					
99	suc					
10	ŭ					
1 1	×	15. Is this corporation registered with t	ha Internal Davanua Camila	Dogular or C	Close Corporation Sub Chapter S Co	racration
4 4	Тах	15. Is this corporation registered with	ne Internal Revenue Service	e as a Regular or C	close Corporation Sub Chapter 5 Co	rporation
14	E -					
13	Income	16. Corporation Tax Begin Date in Mis	souri (MM/DD/YYYY)	Corporation Taxabl	e Year End (MM/DD)	
14						
15	Corporate			/		
16	힏	17. Will the corporation be required to				
17	ပိ	tax is expected to be at least \$250	, or 6.25% of the Missouri ta	xable income, check the	"Yes" box Tye	s 🗍 No
18						
19		18. Missouri Withholding Begin Date (MM/DD/YYYY)	How many of your	employees will work in Missouri?	
20		/////				
21	×	40 Mill and of confidence has Min				s 1 No
22	Тах	19. Will any of your employees be Mis	souri residents?			3 NO
	Employer Withholding	20. Calculate employer withholding tax				
23 24 25 26	olo	Estimated monthly gross wages _	X :	5.4% =		
25	th	Annually (less than \$100 withho	lding tax per guarter)	Monthly (\$500 to \$	\$9,000 withholding tax per month)	
72	Š	Quarterly (\$100 withholding tax			weekly), over \$9,000 withholding tax per mo	nth:
20	/er	per month)	per quarter to \$433	(required to pay el		iui,
4/	<u> </u>	po monary		(104000.10 pa) 0.	55,7	
27 28 29	Ē	21. Does a parent company file withhold	ling tax reports and receive for	ull compensation for timely	r filed returns?Yes	S No
43	- "	22. If you do not pay wages year round,	nlease check the months tha	it you do nay wages		
30						_
31		January Jebruary March	April May June	B	September October November	J December
32						
33	Bond	23. Calculate transient employer bond:				
34		A. Missouri withholding tax				
35	Employer	Monthly gross wages	X 5.4% =		X 3 =	(a)
36	<u>ol</u> d	B. Missouri unemployment tax	ν #7 000	V 0 000/		
37	Ē	Average # of workers	_ X \$7,000 =	X 3.38%	/ 4 =	(b)
38		(a)+	(b)	=	(amount of bond - minimum \$5,000)	
39	Transient	Visit http://dor.mo.gov/forms/index.ph	p?category=13 for bond form	S.		
40	ran	Type of bond Cash Bond (Form 332	Certificate of Deposit (Fo	rm 4172) 🗍 Irrevocable Le	etter of Credit (Form 2879)	Form 331)
41	F					
42						
43		Comments:				
44						
45						
		Under penalties of perjury, I declare	hat the above information a	and any attached suppler	ment is true, complete, and correct. This	application
46					ed in the Officer, Partners, or Members sec	tion of this
47	-	application. The signing party is acknown	wledging that they have dire	ect supervision or control	over tax matters.	
40	<u>e</u>	Signature	Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т Т	ïtle	Date (MM/DD/YYYY)	
43	Signature					
48 49 40 51 52 53 54 55 56	ign					
51	S	Typed or Printed Name		-mail Address		
52						
53		Confidentiality of Tax Records				
54			46.44.40.4		la Missauri Darent auto (S	anti de l'il
55					the Missouri Department of Revenue are co	
56					ed with us as such. If you wish to give an th a power of attorney to grant the authority	
57		confidential information to them. Visit				to release
58		VISION NO.	1		<u> </u>	
59	Mail	to: Taxation Division	Phone: (573) 751-5860		Visit	EPANE
50	Ш	P.O. Box 357	Fax: (573) 522-1722		http://dor.mo.gov/business/register/	
61	Ш	Jefferson City, MO 65105-0357	E-mail: <u>businesstaxregi</u>	ster@dor.mo.gov	for additional information.	2020
Last A	+++	 	The first of the f		<u> </u>	⋿⋒⋒⋍⋧⋈

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 Form 2643T (Revised 04-2019)

 Transient

Transient Employer: Missouri Statute 285.230, RSMo, a transient employer must file a bond with the Department unless they meet all the exemption criteria listed in 285.230(2). The amount of bond shall not be less than the average estimated quarterly withholding and unemployment tax liabilities of the employer and in no case less than \$5,000 nor more than \$25,000.

*** Important: If you are a transient employer and fail to file a bond, you are in violation of Missouri law. You may be guilty of a misdeameanor and penalized up to \$5,000 and will not be able to perform work in Missouri.

Cash Bond (Form 332)

- 1. Fully complete the cash bond form. Owners name must include owner, all partners, corporation, or LLC name.
- 2. Sign the cash bond form.
- 3. Forward a cashier's check, money order, or certified check with the cash bond form. Cash, personal, or company checks are not acceptable.

Surety Bond (Form 331)

- 1. Owners name must include owner, all partners, corporation, or LLC name.
- 2. A surety bond must be issued by an insurance company licensed for bonding with the Department of Insurance, State of Missouri.
- 3. It must be on the form provided by the Department.
- 4. The form must bear the effective date.
- 5. It must be signed by an authorized representative of the surety company and the owner, partner, officer, or member.
- 6. The Surety Bond must be accompanied by a valid Power of Attorney letter, issued by the surety company, authorizing the surety official to sign the Surety Bond.
- 7. It must be the original bond. A copy is not acceptable.

Irrevocable Letter of Credit (Form 2879)

- 1. Owners name must include owner, all partners, corporation, or LLC name.
- 2. The letter of credit must be issued by a financial banking institution located in the United States.
- 3. It must be on the form provided by the Department.
- 4. It must be the original letter of credit. A copy is not acceptable.
- 5. It must state the owner's name.
- 6. It must state the date of issuance.
- 7. It must be signed by a bank official and notarized.
- 8. It must be accompanied by an "Authorization for Release of Confidential Information" form which must be signed by the owner, partner, officer, or member and notarized.

Certificate of Deposit (Form 4172)

- 1. The Certificate of Deposit must be issued by a state or federally chartered financial institution.
- 2. The Certificate of Deposit must be issued in the name of the Missouri Department of Revenue and the owner, all partners, corporation name or limited liability company name.
- 3. It must be issued for not less than 24 months.
- 4. It must be accompanied by the "Assignment of Certificate of Deposit" form provided by the Department which must be completed by the
- 5. The Certificate of Deposit must be endorsed or accompanied by a signed withdrawal slip.
- 6. The actual Certificate of Deposit, Assignment of Certificate of Deposit, and a copy of the signature card must be forwarded with the registration application.

Form REVENUE Cash Bond		Department Use Only (MM/DD/YY)
Missouri Tax I.D. Number (Optional)		Federal Employer I.D. Number
Personal or company checks will not b	e accepted as pa	payment. Please remit a cashier's check or money order.
Select only one: Sales and Use Tax Other Tobacco Products Cigarette Tax Transient Employer Withholding and Use	Inomployment To	☐ Motor Fuel Tax Motor Fuel license type (Select One): ☐ Supplier or Permissive Supplier ☐ Distributor x ☐ Terminal Operator ☐ Transporter
	летроутен та	x
Amount (U.S. Currency - No personal or company che	, 	Date (MM/DD/YYYY)/
At the request of Taxpayers or Business (Owner's nan	ne, all Partners, Corp	poration, or LLC Name)
Taxpayer or Business Owner's Address		City
County State	Zip Code	E-mail Address
1		(Taxpayer) hereby files with th
Missouri Department of Revenue this cash	bond and the	attached cashier's check or money order in the amount o
Taxpayer understands that it is required to coor local tax.	omply with all the	e provisions of any statutorily or constitutionally authorized stat
. ,	•	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.

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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: 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

Form 332 (Revised 02-2015)

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





Form REVENUE Surety Bond		Departme (MM/DD/ ^{\)}	ent Use Only YY)			
		_				
Missouri Tax I.D. Number (Optional)		Federal Employer I.D. Number				
Cigarette Tax Motor F Other Tobacco Products Motor F	Fuel Tax Fuel license type (Sel oplier or Permissive S minal Operator	·	• Signed by • Signed by • Signed by • Include a • Include a	Requirement licensed surety company's aut y surety company's aut y taxpayer's authorized in effective date valid Power of Attorney trety company.	any horized representat representative	tive
Amount (U.S. Currency)	ond Number			Issue Date (MM/DD/Y	YYY)	
At the Request of Taxpayer or Business (Owner's Name, All Pa	artners, Corporation, or	LLC Name)		County		
Taxpayer or Business Owner Address	City		State		Zip Code	
in the aggregate sum of	(Issuer) he	reby issues this Surety B		vor of the Missouri De	cartment of Reven	
bond shall secure the payment of the above indicated tax and the date of this bond. The funds shall be paid to the Department upon a written demail. The Issuer shall upon receipt honor all partial or full demail. The surety may cancel the bond by delivering sixty (60) days was usuer from any liability for the indicated taxes, related fees, in cancellation of the bond. The Department shall have a period of one year after the expirated a demand for payment upon the Issuer. The Department shall have a period of 3 years after the expirated for payment upon the issuer. This agreement and any legal action pertaining thereto shall be and agree that the exclusive jurisdiction for any action concern. Missouri. The Issuer understands and agrees that the surety so The person signing this bond states that he or she has the legal surety Name. Surety Officials Name Typed or Printed.	and for payment on the ands for payment and overtiten notice to the Deterest, additions to tax, iration or cancellation of tion or cancellation date governed by and coning this bond shall be liable for prejuc	e Issuer by referencing this make payment to the Department. Any election to and penalties of the taxplate of the sales, use, trained in accordance with the state of Missouri and Igment interest and attornations.	is bond. The derivation of the cancel this bond or business insient employer ette and other took the laws of the the only venue lever fees if it bread bind the taxpayer of the companion of the companion of the companion of the companion of the carbon of the companion of the carbon	mand for any payment nirty (30) days of receip d shall not relieve, rele s that may accrue for a withholding and unem pacco products tax both e state of Missouri. The shall be in the Circuit of ches its obligations un	shall be sent by Upt of the demand. base, or discharge all periods prior to apployment tax bond to make a demanded to make a demanded to the parties understated and the court of Cole Courder this bond.	J.S. the the d to and
Authorization for release of confidential information has been I hereby authorize release of confidential tax information to Number listed above as long as the obligation remains in authority to request information other than information con Revenue and Department of Revenue personnel from any for or receiving such payment. By signing this Authorizatio In witness whereof, this taxpayer or business duly executed Taxpayer or Business Owner (Proprietorship, Partnership Signature of Owner, Partner, Corporate Officer, or Member	to the issuing Surety Corforce and effect. Release neering the delinquent or and all liability pursuar in, I state that I have the difference of the foregoing this, Corporation or LLC)	npany listed above for the se of this information to the periods for which a dema at to any disclosure of conflegal authority to bind the	purpose of makir e named surety c nd for payment is idential tax inform taxpayer or busin, 20	ng demand for payment company does not give to being made. I also relation that is necessary less below.	on the Surety Bon the surety compan lease the Director of	nd ny of
Mail To: Sales and Use or Transient Employer Withholding Tax	Motor Fuel Tax	Cigarette ⁻	 Tav		rm 331 (Revised 02-20	.015)

P.O. Box 357

Jefferson City, MO 65105-0357 **Phone:** (573) 751-5860 Fax: (573) 522-1722

E-mail: <u>businesstaxregister@dor.mo.gov</u>

P.O. Box 300 Jefferson City MO 65105-0300

Phone: (573) 751-2611 Fax: (573) 522-1720 E-mail: excise@dor.mo.gov

P.O. Box 811 Jefferson City MO 65105-0811

Phone: (573) 751-7163 **Fax:** (573) 522-1720 E-mail: excise@dor.mo.gov P.O. Box 3320

Jefferson City, MO 65105-3320 **Phone:** (573) 751-5772 **Fax:** (573) 522-1720 E-mail: excise@dor.mo.gov



Form 2879 Irrevocab		-	Department Use Only (MM/DD/YY)	
Missouri Tax I.D. Number (Optional)			Federal Employer I.D. Number	_
Sales and Use Tax Other Tobacco Pro		rette Tax sient Employ	Motor Fuel Tax yer Withholding and Unemployment Tax	
Amount (U.S. Currency)	Letter of Cr	edit Number	Date of Issuance (MM/DD/YY)	/ Y)
At the request of Taxpayer or Bu	usiness (Owner's name), all	Partners, Corp	poration, or LLC Name	
Taxpayer or Business Owner's A	Address		City	
County	State	Zip Code	E-mail Address	
hereby issues this Irrevocal	ble Letter of Credit (ILC	;) in favor of	(Issue	

additions to tax, and penalties due the state of Missouri on or after the date this ILC is issued.

The funds shall be paid to the Department upon a written demand for payment on the Issuer referencing this ILC. A demand for any payment shall be sent by U.S. mail or personal service. The Issuer shall upon receipt honor all partial or full demands for payment

and make payment to the Department within thirty (30) days of receipt of the demand.

). This ILC shall secure the payment of the above indicated tax and related fees, interest,

dollars

This ILC shall be effective for a period of one year from the date of issuance and shall automatically renew for additional one-year periods unless at least sixty (60) days prior to any such expiration date the Issuer notifies the Department in writing at the address indicated for each type of tax shown above that it does not elect to renew this ILC. Any election not to renew the ILC shall not operate to relieve, release or discharge the Issuer from any liability for the indicated tax or taxes and related fees, interest, additions to tax, and penalties of the taxpayer or business that may accrue for all periods prior to the cancellation of the ILC.

The Department shall have a period of one year after the expiration date of the ILC to make a demand for payment upon the Issuer. The Issuer affirms that any demand for payment made by the Department in accordance with the terms of this ILC shall be honored upon receipt.

This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these terms and the laws of the State of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this ILC shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The Issuer understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this ILC.

The person signing this ILC states that he or she has the legal authority to enter into this ILC and to legally bind the taxpayer or business below.

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Issuing Bank or Financial Institution	Address	
City, State, Zip Code		Telephone Number
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Signature and Title of Bank or Financial Institution O	fficial	Bank Official's Typed or Printed Name

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Authorization for Release of Confidential Information

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Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this				
	day of year				
	State	State County (or City of St. Louis)			
	Notary Public Signature				
	Notary Public Name (Typed or Printed)				

The following Authorization for Release of Confidential Information has been set forth at the request of the Missouri Department of Revenue and does not constitute a part of, or an exhibit to, the Irrevocable Letter of Credit on the reverse side of this form.

I hereby authorize release of confidential tax information to	
	(Bank or Financial Institution)
for the purpose of making demand for payment on Irrevocable Letter of Credit Number	r
as long as the obligation remains in force and effect. Release of this information to the	named banking institution does not give the
banking institution authority to request information other than information concerning the	he delinquent periods for which a demand for
payment is being made. I also release the Director of Revenue and Department of Re	evenue personnel from any
and all liability pursuant to any disclosure of confidential tax information that is necessary	ary for making demand for or receiving such
payment. By signing this Authorization, I state that I have the legal authority to bind the	e taxpayer or business below.
In witness whereof, this taxpayer or business duly executed the foregoing this	day of, 20

Signature of Owner, Partner, Corporate Officer, or Member	Typed or Printed Name of Person Signing this Release				
Title	Date (MM/DD/YYYY)				

Form 2879 (Revised 02-2015)

Mail to:

Sales and Use or Transient Employer Withholding Tax Taxation Division P.O. Box 357

Jefferson City, MO 65105-0357 **Phone:** (573) 751-5860 **Fax:** (573) 522-1722

E-mail: <u>businesstaxregister@dor.mo.gov</u>

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 Taxation Division
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720

Fax: (573) 522-1720 E-mail: <u>excise@dor.mo.gov</u>

Other Tobacco Products

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





4	Form Assignment of Certificate of Deposit			Department Use Only (MM/DD/YY)										
Missou Numbe (Optior	· · · · · · · · · · · · · · · · · · ·					Federal Employ	yer							
Тах Туре		and Use Ta			_	Cigarette Tax Transient Emplo	yer Withh	olding a	and Ur	Motor F nemployi				
Owne	r's Name, all	Partners, Co	rporation, o	r LLC Name			E-ma	il Addre	ss					
Busin	ess Address					City				Stat	e	ZIP	Code	
Тахра	ayer or Busin	ess Owner's	Address			City				Stat	e	ZIP	Code	
I,								being (of lawf	ul age, a	ssign	and t	ransfe	er the
Certifi	cate of Dep													
					Number		, issu	ued					_, 20	·
the presponding the De Service as set terms this Cunders I have	roceeds to nsibilities unepartment vice of process forth above and the law D shall be stands and e read the fote this assignment.	such delinon nder this as vill allow the s shall be de e. This agree ws of the sta the state of agrees that in pregoing and gnment on b	quency. I a signment. CD to rend eemed suff ement and ate of Miss Missouri a it shall be li	agree that A If I have not ew. I underst icient and ma any legal ac souri. The pa nd the only v iable for preju	dministrative maintained a and that I will ade in the state tion pertaining rties understavenue shall be adgment intere	tment may red Rules and Rev satisfactory tax be notified when e of Missouri if no thereto shall be not and agree the in the Circuit Cost and attorney	vised Statu c complian in the Depa nailed by L e governed nat the exc Court of Co fees if it bro	utes of ace, and artment J.S. mad by an clusive ole Coueaches	Misso d my C d elects dil to the d cons jurisdic inty, N dits obl	ouri will DD is au to rene e Finance trued in ction for lissouri. igations	governoments of the second any a The under	n my cally CD. titution dance ction nders this C	right: renev n's ad with conce igned CD.	s and wable ddress these erning I bank
Taxpayer of Record	Business N	ame cer, Partner, o	or Mombor 9	Signatura		Title								
Tax of R	Owner, Offi	Jei, Faillier, (o member s	ngnature		Title								
Financial Institution Acknowledgement	Select One: The paper Certificate of Deposit is attached. The Certificate of Deposit is paperless. A withdrawal slip, confirmation of withdrawal, or endorsement on the Certificate of Deposit is required. In the event that taxpayer becomes delinquent, and the Department seeks the redemption of the Certificate of Deposit, a w request from the Department together with this Assignment is the only documentation necessary to release funds to the Department. Bank Phone Number By (Signature of Banking Official)							ritten						
ΞV	Bank Official's Name						Title							



	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this							
			day of	year					
ublic		State	County (or City of St. Louis)	My Commission Expires					
Notary Public		Notary Public Signature							
Z		Notary Public Name (Typed or Printed)							
	Authority to release the Certificate of Deposit is hereby granted this								
	day of 20 Please mail any proceeds from the Certificate of Deposit								
Release	to								
Re	Missouri Department of Revenue								
	Ву:								
			Title:						
Certificate of Deposit	The Department will accept a Certificate of Deposit (CD) issued by a state or federally chartered financial institution in lieu of a Cash Bond subject to the provisions of Revised Statutes of the State of Missouri.								
CD	Form 4172 must be fully completed by the financial institution. A second in institution the recovery of the second and the Missessi Beneatteen to Complete the Second and the Missessi Beneatteen the Second and								
nt of ment	 It must be issued jointly in the name of the owner and the Missouri Department of Revenue. The bank official's signature must be notarized. 								
nme _I uire	Form 4172 must be signed by the sole owner, partner, corporate officer, or member.								
Assignment of CD Requirements	 Attach a completed signature card, if required by financial institution. Send all completed required documents to the address on Form 4172. 								
	A paper CD must be:	ents to the address on For	17172.						
ts	 A paper CD must be. Issued jointly in the name of the owner and the Missouri Department of Revenue; 								
emen	A 12-month (2 year) CD; and								
quire	Endorsed in ink by the owner. The second seco								
ate of Deposit Requirem	• If the CD is a "Book Entry" CD, a signed withdrawal slip or a letter from the issuing financial institution indicating how the Department of Revenue may draw upon the CD must accompany this form. The sole owner, a partner, a corporate officer, or a member of a limited liability company must sign the withdrawal slip.								
of De	If the CD is paperless, check the appropriate box.								
ate o	 The interest derived from the CD must be compounded. If a delinquency occurs, the Department may redeem the CD. 								

- Any proceeds from the CD exceeding the delinquency, including interest proceeds, will be converted to a cash bond.
- The Financial Institution must honor upon receipt all demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

Form 4172 (Revised 04-2018)

Mail to:

Sales and Use or Transient Employer Withholding Tax Taxation Division PO Box 357 Jefferson City, MO 65105-0357 **Phone:** (573) 751-5860

Fax: (573) 522-1722

E-mail: <u>businesstaxregister@dor.mo.gov</u>

Motor Fuel Tax **Taxation Division** PO 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 PO 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** PO 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.



