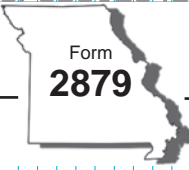


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MISSOURI DEPARTMENT OF REVENUE

Irrevocable Letter of Credit

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Tax Type

- Sales and Use Tax, Cigarette Tax, Motor Fuel Tax, Other Tobacco Products, Transient Employer Withholding and Unemployment Tax

Amount (U.S. Currency), Letter of Credit Number, Date of Issuance (MM/DD/YYYY)

At the request of Taxpayer or Business (Owner's name), all Partners, Corporation, or LLC Name

Taxpayer or Business Owner's Address, City

County, State, Zip Code, E-mail Address

hereby issues this Irrevocable Letter of Credit (ILC) in favor of the Missouri Department of Revenue, in the aggregated sum of dollars

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

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 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.

Bank or Financial Institution

Form with fields: Issuing Bank or Financial Institution, Address, City, State, Zip Code, Telephone Number, Signature and Title of Bank or Financial Institution Official, Bank Official's Typed or Printed Name



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Notary Public	Embossed 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
		Notary Public Signature		
		Notary Public Name (Typed or Printed)		

Authorization for Release of Confidential Information	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.
	<p>I hereby authorize release of confidential tax information to _____ (Bank or Financial Institution)</p> <p>for the purpose of making demand for payment on Irrevocable Letter of Credit Number _____</p> <p>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 delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer or business below.</p> <p>In witness whereof, this taxpayer or business duly executed the foregoing this _____ day of _____, 20 _____.</p>

Signature	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 <b>Phone:</b> (573) 751-5860 <b>Fax:</b> (573) 522-1722 <b>E-mail:</b> <a href="mailto:businessstaxregister@dor.mo.gov">businessstaxregister@dor.mo.gov</a>	Motor Fuel Tax Taxation Division P.O. Box 300 Jefferson City MO 65105-0300 <b>Phone:</b> (573) 751-2611 <b>Fax:</b> (573) 522-1720 <b>E-mail:</b> <a href="mailto:excise@dor.mo.gov">excise@dor.mo.gov</a>	Cigarette Tax Taxation Division P.O. Box 811 Jefferson City MO 65105-0811 <b>Phone:</b> (573) 751-7163 <b>Fax:</b> (573) 522-1720 <b>E-mail:</b> <a href="mailto:excise@dor.mo.gov">excise@dor.mo.gov</a>	Other Tobacco Products Taxation Division P.O. Box 3320 Jefferson City, MO 65105-3320 <b>Phone:</b> (573) 751-5772 <b>Fax:</b> (573) 522-1720 <b>E-mail:</b> <a href="mailto:excise@dor.mo.gov">excise@dor.mo.gov</a>
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Visit <http://dor.mo.gov> for additional information. TTY (800) 735-2966

