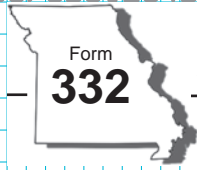


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MISSOURI DEPARTMENT OF REVENUE
Cash Bond

Department Use Only (MM/DD/YY) [Yellow boxes]

Missouri Tax I.D. Number (Optional) [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

Personal or company checks will not be accepted as payment. Please remit a cashier's check or money order.

Cash Bond Type

Select only one:
 Sales and Use Tax
 Other Tobacco Products
 Cigarette Tax
 Transient Employer Withholding and Unemployment Tax
 Motor Fuel Tax
Motor Fuel license type (Select One):
 Supplier or Permissive Supplier
 Terminal Operator
 Distributor
 Transporter

Amount (U.S. Currency - No personal or company checks) \$ _____ Date (MM/DD/YYYY) ____/____/____

At the request of Taxpayers 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 _____

_____ (Taxpayer) hereby files with the Missouri Department of Revenue this cash bond and the attached cashier's check or money order in the amount of (\$ _____).

Taxpayer understands that it is required to comply with all the provisions of any statutorily or constitutionally authorized state or local tax.

If Taxpayer becomes delinquent and owes the Department 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.

Sign

Owner, Partner, Corporate Officer or LLC Member _____ Date (MM/DD/YYYY) ____/____/____

Mail to:

Form 332 (Revised 02-2015)

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
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



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