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12	234	<u>5678901234567890123456789012345678901234567890123456789012345678901234567890123</u> 4 <u>567890</u> 1	23 <sup>L</sup>
	04	Department Use Only	
	<b>0</b> 5	Form Missouri Department of Revenue (MM/DD/YY)	
	<b>0</b> 6	4172 Assignment of Certificate of Deposit	
	07		
	08		
	09		
	10	Missouri Tax I.D.	
	11	Number	$\Box$
	12		$\Box$
	13		++
	14		++
	15		++
	16		+++
	17	Owner's Name, all Partners, Corporation, or LLC Name	+++
	18		+++
	19		+++
	20		+++
+	21	Taxpayer or Business Owner's Address City State Zip Code	+++
+	22	Taxpayor of Publicas Owners Francisco	+++
+	23		++
	24	I, being of lawful age, assign and transfer the	+++
	25	, being of lawful age, assign and transfer the	+++
	26	Certificate of Deposit (CD) for	+++
	27	(\$	+++
	28		+++
	29		+++
	30		+++
	31	Missouri on or after the date this CD is issued.	+++
	32		+++
	33	I understand that at any time a delinquency occurs, the Department may redeem the CD assigned by this instrument and apply	+++
	34		+++
	35	responsibilities under this assignment. If I have not maintained a satisfactory tax compliance, and my CD is automatically renewable, the Department will allow the CD to renew. I understand that I will be notified when the Department elects to renew my CD.	+++
	36		+++
	37	Service of process shall be deemed sufficient and made in the state of Missouri if mailed by U.S. mail to the Financial Institution's address	+++
		as set forth above. This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these	+++
	38		+++
	40		+++
	41		
	42	I have read the foregoing and fully understand it and certify that I am the taxpayer subject to this assignment or I have the authority to	+++
	43	execute this assignment on behalf of the Taxpayer.	+++
	44		
	45	S Dusiness Name	
+	46 47 48	Business Name Owner, Officer, Partner, or Member Signature Title	+++
+	110	See Switch, Officer, Faturer, or Metride Signature	+++
+	49	╏╎ <del>┩╇┋</del> ┞ <del>┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆┆</del>	+++
+	49		+++
+			+++
+	5.7 5.1	Select One:	+++
+	E2	The paper Certificate of Deposit is attached.	+++
	23	The Certificate of Deposit is paperless. A withdrawal slip, confirmation of withdrawal, or endorsement on the Certificate of Deposit is not	
+	51 52 53 54 55 56 57 58 59	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 not required. In the event that taxpayer becomes delinquent, and the Department seeks the redemption of the Certificate of Deposit, a written request from the Department together with this Assignment is the only documentation necessary to release funds to the Department.  Bank  Phone Number  Bank  Official's Name	+++
+	55	request from the Department together with this Assignment is the only documentation necessary to release funds to the Department.	+++
+	20	Bank Phone Number By (\$ignature of Banking Official)	+++
+	2/	<u> </u>	+++
+		Bank Official's Name	+++
+			+++
+		<del>╿╶┊╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒╒</del>	+++
+	61 62	<del>┊┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈</del>	+++
+	bZ		+++
+	63	14609010001	+++
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+	65		+++
	66		+++

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						day of			year	++		
<u>.ပ</u>			\$	tate		County	(or City of	St. Louis)	My Comm	ission	Expires	$\Box$
Notary Public												
<u>~</u>				oto D	hio Ciarat							+
tar				otary Pu	blic Signature							$\Box$
Š												Ш
			N	otary Pu	blic Name (Type	d or Printec	(E					
	Authority	to release the Certif	ficate of Dep	osit is h	ereby granted	this						
					00	<u></u>	.,		, , , , , , , , , ,			
	day of _				20	Pleas	se mail any	y proceeds	from the Certific	ate o	Depos	it
ase	to											
Release	10											
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						IVIISSU	un Depart	THEIR OF RE	VGHUG			
						By:						
						Title:						
0. #												H
Certificate of Deposit	The Der	artment will accept a	Certificate of	f Depos	it (CD) issued l	v a state	or federall	ly chartere	d financial institu	tion ir	lieu of	
tifi Jep	1 1 1 1 1.	Bond subject to the pr				-						
of E	u Gusiii	Jones Guarden in Gipt		.54.500								
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۵ <sub>«</sub>		4172 must be fully co	1 [ ] ] [ ]									
Assignment of CD Requirements		at be issued jointly in				souri Depa	artment of	Revenue.				
ent	• The b	ank official's signatur	re must be n	otarized								
E i	<ul> <li>Form</li> </ul>	4172 must be signed	by the sole	owner, ¡	partner, corpor	ate officer	, or memb	er.				
sig Rec	• Attac	n a completed signatu	ure card, if re	equired b	y financial ins	itution.						
As	• Send	all completed require	ed document	s to the	address on Fo	m 4172.						
	<ul><li>A par</li></ul>	er CD must be:										Ш
nts	•	ssued jointly in the na	ame of the o	wner an	d the Missouri	Departme	nt of Reve	enue;				Ш
nen	•	A 24-month (2 year) (	CD; and									$\coprod \coprod$
ren		Endorsed in ink by the										Ш
qui												Ш
of Deposit Requireme		CD is a "Book Entry"						1				Ш
osit		rtment of Revenue m						sole owne	r, a partner, a coi	porat	e office	r,
ebo	or a r	nember of a limited lia	ability compa	ıny mus	t sign the withd	rawal slip.						
Ď	• If the	CD is paperless, che	ck the appro	priate b	ox.							
te o						Jolinguan	27 000 170	the Done	mont may radea	m tha	CD	
Certificate		nterest derived from t		1 1 1 1 1		1 1 1 1 1 1 1	- I I I I	1 1 1 1 1 1				
rtifi	٠,	roceeds from the CD				Ť						
ပီ	• The F	inancial Institution m	ust honor up	on recei	ipt all demands	for payme	ent and m	ake payme	ent to the Departr	nent	within	
	thirty	(30) days of receipt o	of the deman	d.								
									Form	4172 (R	evised 02-	2015)
Mail to:												7
	nd Use or	Fransient										
Employ	er Withhol			uel Tax		Cigarette			Other Tobacco		cts	
Taxation PO Box	Division		Taxation PO Box	1 Division	<del>                                     </del>	Taxation PO Box 8			Taxation Divisio PO Box 3320	n		
		65105-0357			O 65105-0300		City MO 6	5105-0811	Jefferson City M	10 651	105-3320	,
Phone:	(573) 751	5860	Phone:	(573)75	1-2611	Phone: (	573) 751-7	163	Phone: (573) 75	51-577	72	
<b>Fax</b> : (5	73) 522-1	22 axregister@dor.mo.go	<b>F</b> ax: (5	73) 522-	1720	<b>Fax:</b> (57	3) 522-172 excise@do	0	Fax: (573) 522 E-mail: excise(	1720		
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