

Submit the listed items to ensure the Department can process your claim. All required information must be submitted to avoid a delay or denial.

- Claim Form A fully completed and signed Seller's Claim for Sales or Use Tax Refund or Credit (Form 472S).
- Amended Returns Amended returns for each period the tax was originally reported for which you are seeking a refund or credit.
- Exemption Certificate and Letters A copy of the exemption certificates or exemption letters for the exempt sales in your claim.
- Worksheet A worksheet (any format) detailing how you calculated the refund or credit amount.
- Invoices Invoices supporting the claim. (If the claim is for more than one tax period, invoices for the entire claim may not be
 required. The Department of Revenue will contact you if additional invoices are needed.)
- Refunds in Excess of \$100,000 If you request a refund of \$100,000 or more, it will be processed through Automated Clearing House (ACH). Submit an Agreement to Receive Refund by ACH Transfer (Form 5378). Visit dor.mo.gov/forms to obtain Form 5378.
- Additional Verification, As Requested The Department may ask for additional records to verify a claim, such as
 documentation of returns filed in electronic format or a listing of all items on which tax was accrued and paid for the periods
 a refund or credit is being requested. You will be given a reasonable amount of time to comply with the request.
- Power of Attorney- If someone other than an owner, partner, or officer is the contact person for this claim, an
 executed Power of Attorney (Form 2827) must be submitted. If the power of attorney should receive copies of the
 correspondence relating to the claim and the final approval or denial, check the appropriate box in the Seller Information
 section on the claim.
- 1. How can I ensure my claim includes all necessary information?

Review the list above to verify all necessary documents are included in your claim.

- 2. I am filing a claim that involves more than one filing period. Do I need to file a separate Form 472S claim for each period? No. Submit one Form 472S for the entire claim. Indicate the periods for which the claim is being submitted. If your claim is for multiple periods, you are still required to submit amended returns for each period of your claim.
- 3. Does the state pay interest on overpayments?

Usually not. Interest is included in a refund only if the overpayment is not refunded within 120 days from the latest of: the last day prescribed for filing a tax return or refund claim, without regard to any extension of time granted;

- the date the return, payment or claim is filed; or
- the date the taxpayer files for a credit or refund and provides accurate and complete documentation to support the claim. The law does not provide for interest on a credit.
- 4. What is the oldest period for which I may request a refund or credit?

Prior to August 28, 2019 a refund or credit may be requested within three years of the due date of the original return or the date paid, whichever is later.

Effective August 28, 2019 Senate Bill 87 was enacted to allow a refund or credit request within ten years of the due date of the original return or the date paid, whichever is later.

5. What is my recourse if a claim has been denied?

A denial of a claim is the final decision of the Director of Revenue. A taxpayer may appeal any decision to the Administrative Hearing Commission (AHC). Appeals must be submitted in writing to the Administrative Hearing Commission, 301 West High Street, Harry S. Truman State Office Building, P.O. Box 1557, Jefferson City, Missouri 65102 within 60 days after the date the decision is mailed or the date it is delivered, whichever date is earlier. If your appeal is sent by registered or certified mail, the appeal will be deemed filed on the date it is mailed. If the appeal is sent by any method other than registered mail, it will be deemed filed on the date it is received by the AHC.

6. Can I file negative taxable sales amounts to obtain a refund or credit?

No, Missouri does not recognize negative taxable sales for the purpose of a refund or credit claim. You should file amended returns for the periods in which you originally reported the taxable sales.

01																														
00000	000	30 1	11	111	1111	1222	2222	222							1444		55	555	555	555	5 E	66666	6666	522	7	22	77	77	78	88888
12345	678	390	12	345	6789	3012	3456	789	3012	234	56	78	901	23 ^L	567	898	3 1	23 ^L	45E	7 E	390	12345	6 <mark>78</mark> 9	301	23	34	56	78	90	12345
04	REVENUE										3456789012345678901234567890123456789012345																			
05	}	FOF	RM				_ /				Ш							/DD/`												
0 6	2	172	25	•		r's Cla					Ш						Ш		Ш		Ш			Ш	Ш		Ш		Ш	
07		T / /		` \	Use	Tax Re	efund	or (Credit																					
08	<u>_</u>			2.1							Ш	Ш					Ш		Ш					Ш	Ш				Ш	
09																									Ш	\perp			Ш	
10	Misso	ouri 🛚	Гах I	.D.										F	ederal	Empl	oye	r												
11	Numl	ber												I.	D. Num	ber	Ш													
12		Ш								Noin	a Niu	mbo	r (Do	oortm	ent Use	Only			-	Col	rtifio	d Number (Donort	mon	F 1 1c	20 () oby		\perp	
13		Ш								Jiair	II INU	mbei	i (Del	barum	eni Use	Oni	y)		Ш	Cei	une	u Number (Depart	men	US	se C	Jilly,		\perp	
14		Ш															Ш								Ш				Ш	
15		Diag	++		41-2-24	:	- 4aluau		Cuadi			1 0 2	£ al	+++			-						+++		H	+			+	
16		\perp		-	tne act	ion to b	e taker	1:	Credi	t		J Ke	fund				-		-	-	-			-	н	_	—	ш	\perp	
17	e o	Sel	ler N	lame							Ш	Ш			Name	on r	efur	nd ch	eck,	if di	ffere	nt than sel	er	Ш	Ц				\perp	
18	Seller Information	Ш									Ш														Ш		Ш		\perp	
19	Dr.	Mai	ling	Addre	\$S																									
20	<u>l</u>	Ш																			Щ				Ш				Ш	
21	<u>e</u>	City	/											Stat	е	Z	ip C	ode				Phone Nur	nber							
22	Sell	Ш																				(_)	44	-		<u> </u>		-	
23 24	0,	Do	you	want	the Dep	artment					-	-	1			_	_	_			_	nd the final		appı	rova	al o	r de	nial	o	
24		yοι	ır att	orney	? 니니?	No L	Yes	(If yes	s, inclu	de a	copy	y of th	he Po	wer o	f Attorn	ey (F	orn	n 282	<mark>27</mark>) w	ith t	he re	efund applic	cation.)		Ш					
25 26 27				<i>(</i>																					Н	\mp			\blacksquare	
26		Rea	isor	i for R	eruna r	Request	t- Expia	ın tne	e speci	iic g	roun	as ur	on w	/nicn y	our cia	ım ic	or re	tuna	or c	realt	IS D	ased.		Ш	Ш		Ш		Ш	
27		Ш									Ш						Ш		Ш		Ш			Ш	Ш		Ш		Ш	
28 29		Ш																							Ш				Ш	
29		Pr	ovid	e Spe	cific Sta	tute Sal	es/Use	Tax i	is Exen	npt l	Jnde	r:					Ш		Ш		Ш			Ш	Ш		Ш		Ш	
30	Refund information		D,	oriod E	nding	Re	queste	l Ref	und or		Do	riod	Endir	20	Reg	ueste	d R	efun	d or		D,	eriod Endin	a	Rec	lues	stec	Re	fund	or	
31	maí		1	JIIOU L	riulig		Credit				Fe	iiou	LIIUII	ıg				ount			,	silou Liiuiii	9				Amo			
32	lo l	1	П			\$				5					\$		Ш		П	9				\$		T			\perp	
33	Ë	2				s				6					\$					10				s		T				
34	P L	3				\$				7					\$					11				\$		T				
35	efu					\$				8					\$					12	_			•		#			\pm	
36	œ	14				Ι Ψ		ш		l b	Ш	ш		ш	Ψ					12				Ψ	Н	_	Ш	Ш		,
37								ш					11.	13.	Total A	nour	+ D	20110	ctod	* (^	441	ines 1 - 12			П	\mp				
38				Ш.							Н.					_	_		-	++	_			\$	H	+				
39		*lf r	efui	nd is t	peing re	equeste	d for m	ore t	than 12						arate s Il perio					g do	wn	each perio	d as si	nowi	1 in	ab	ove	tab	e.	
40		Ш									iiiei	ше	ioiai	ioi a	ii perio	u on	-"	16 13	·						Ш				Ш	
41		-					Provid	de it	f vou	ar	Δm	naki	ina	a cla	aim c	n h	ρh	alf	of t	ha	nı	ırchase	r							++++
42	چ						TOVI				$\overline{}$		$\neg \neg$								_				An		t of F		d	++++
43	Purchaser Information	#			Name	*	+++	H	St	reet	Add	ıress	or F	О Во	X	+	+	+	∍ity ·	· Sta	ite -	ZIP Code	+++	1		Re	quest	ted	+	+++
나나	Ē	Ш						Ш				Ш	\perp				Ш	\perp	\perp		Ш			1					Ш	+++
45	ufo	Ш						Ш				Ш							\perp						.			Ш		+++
46	e l							Ш					\blacksquare			\blacksquare	П	\blacksquare	\blacksquare					9		T			\blacksquare	+++
47	as	#						H	##			H	#			+	+	#	+		+			9		\mp	\vdash		\mp	+++
48	년 년	₩	+				++	\vdash	+++			\vdash	+			+	+	+	+	+	+		++			+	\vdash	\square	+	+++
49	P	#					$\perp \perp \perp$	Ш				Ш				\perp	\perp	4	4		4			1	_	4	\perp	Ш	\perp	+++
42 43 44 45 46 47 48 49 40 51 52 53 54 55 56 57 58 59 61 62 63								Ш				Ш					╝		\perp						5	\perp		Ш		+++
51		Unc	ern	enaltic	s of ne	riury I A	eclare	hat ti	he aho	ve ir	form	ation	and	anva	ttache	gun	nler	ment	is tr	ue c	omi	oleted, and	COTTEC			#	F		干	+++
52	อ					r or Pow				, U		auoi	. unu	uny c		inted			13 11	٠, ر	~!!!\	Joiou, and	301160	+	H	+	\vdash	\square	+	+++
53	Signature	Jigi	atu	01 1	unpaye	. O. I OW	, G1 01 A	COLLE	· y			Ш		++			ıva		+				+++	+	\sqcup	4	\square	Ш	\perp	+++
54	g		nfirm	n that	l am tha	followir	ag (obc	ck on	(a)			\vdash	+			ate (N	/IN/I/	DD/\	/\/\		+		++	+	\forall	+	\vdash	Н	+	+++
55	S			n that payer		Power	1 1 1		(0)			Ш		++		λι υ (Ι'	v 11 V I /	۱ /رار		' /			+++	+	\sqcup	4	\sqcup	Ш	\perp	+++
56		4	_		+		UI ALLO	пеу	++			\vdash	+	++			-1-	#	_/_	++	+	+++		0	700	/D -	ic -	11 00	21	+++
57	Ma	il to			ion Div		+++	Ш	+++	F	mai		aleer	efun	d@do	r m	7 00) V	#					orm 4	128	(Ke)	rised	11+20	∠ I)	+++
58	+++	+			Box 33		05405	00-												\perp	II.				Н	\perp	\square		\perp	+++
59	\Box	#	1	Jeffer	son Ci	ty, MO	ხ5105	-335	U	Vis	sıt <u>d</u>	or.n	10.g	ov/ta	xation	/bus	sine	ess/t	ax-	ype	S/S	ales-use/	tor ac	ditic	na	ıın	rorn	natio	n.	+++
50	DI	one		(570)	526 00	120		1	+++													States A						Ш	\perp	+++
61	-	Fax			526-99 751-94				+++													l benefits w					Ð	Ш	\perp	+++
62	\Box	TTY			735-29		選集		+++						ist of al jov/sta				y res	ourc	es a	and benefit	s can b	e tou	ınd	at	\coprod	Ш	\perp	+++
63	$\sqcup \sqcup$	111		(300)	, 50-23			7	+++	VE	tera	noer	ICHIES	.1110.0	jov/Sta	re-De	=nel	iitS/.	4	$\perp \!\!\! \perp$	\perp		$\perp \downarrow \downarrow$	4	Н	4	\Box	Ш	\perp	$+\!+\!+\!+$
64			Ш																		Ш					- -				