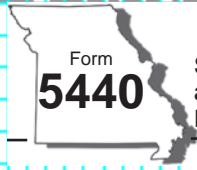


00000000111111111111222222222222333333333333444444444444555555555555666666666666777777777777888888888888999999999999
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345



MISSOURI DEPARTMENT OF
REVENUE
**Statement Confirming Purchaser's Efforts to Obtain
 an Assignment of Rights From the Seller
 For Refund Under Section 144.190.4(2)**

Department Use Only (MM/DD/YY)

Reporting Period (MM/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Case Number Department Use Only

Purchaser Information

Name

Address

City State ZIP Code

Contact Telephone Number () - - E-mail Address

Seller Information

Name Missouri Tax Identification Number

Address

City State ZIP Code

Contact Telephone Number () - - E-mail Address

Transactions

In detail, please complete the information below. Attach a second page, if needed.

Description of Taxable Good or Service	Cost of Good or Service	Month and Year of Purchase	Street, City, and State of Purchase	Amount of Refund Requested
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
7.	\$			\$
8.	\$			\$



0000001111111111222222222222333333333333444444444444555555555555666666666666777777777777888888888888999999999999
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Purchaser's Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
I affirm that (select only one):
 I have requested in writing an assignment of rights from the Seller and the Seller failed or refused to provide an assignment within 60 days.
 I am not able to locate the Seller. The Seller is no longer in business.
I assert my right under [Section 144.190.4\(2\), RSMo](#), to pursue a refund with the Missouri Department of Revenue for the listed transactions. I am authorized to execute this statement on behalf of the purchaser.

Signature	Title
Printed Name	Date (MM/DD/YYYY) ____/____/____

Notary Information

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 (MM/DD/YYYY) ____/____/____
	Notary Public Signature		
Notary Public Name (Typed or Printed)			

Form 5440 (Revised 07-2023)

Mail to: Taxation Division
P.O. Box 3350
Jefferson City, MO 65105-3350

Phone: (573) 526-9938
Fax: (573) 751-9409
TTY: 1-800-735-2966
E-mail: salesrefund@dor.mo.gov

Visit <http://dor.mo.gov/faq/business/refund.php>
for additional information.



14026020001