Form 5440 (Revised 07-2021)

**Statement Confirming Purchaser’s Efforts to Obtain an Assignment of Rights From the Seller For Refund Under Section 144.190.4(2)**

**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

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

<table>
<thead>
<tr>
<th>Description of Taxable Good or Service</th>
<th>Cost of Good or Service</th>
<th>Month and Year of Purchase</th>
<th>Street, City, and State of Purchase</th>
<th>Amount of Refund Requested</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

**Department Use Only**

Reporting Period (MM/YY)

Department Use Only (MM/DD/YY)
<table>
<thead>
<tr>
<th>Name of Item Purchased</th>
<th>Description of Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
<th>Sales Tax</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
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</table>

**Subtotal**                     **Sales Tax** **Total**

**Excise Tax Class:**

- **Excise Tax**: 
- **Excise Tax Rate**: 

**Other Revenue Sources:**

- **Local Sales Tax**: 
- **Local Sales Tax Rate**: 

**Charge to:**

- **Purchaser's Name**: 
- **Address**: 
- **Contact Information**:
  - **Phone**: 
  - **Fax**: 
  - **Email**: 

**Notary Information:**

- **Notary Public Name**: (Typed or Printed)
- **Signature**: 
- **Date (MM/DD/YYYY)**
- **My Commission Expires (MM/DD/YYYY)**

**Subscribed and sworn to me, this**

- **State**: 
- **County (or City of St. Louis)**: 
- **Embossed or black ink rubber stamp seal**: 

**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 or written 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.
- [ ] I assert my right under Section 144.304, 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.

**Notary Public Signature**

**Jefferson City, MO 65105-3350**

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

**Phone:** (573) 526-9938
**Fax:** (573) 526-9938
**TTY:** 800-735-2565
**E-mail:** salesrefund@ dor.mo.gov