

Transient Employer Missouri Tax Registration Application

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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If you will be making sales in Missouri, you must fill out a, Missouri Tax Registration Application (**Form 2643**).

Checklist

Before the Department can process your transient employer application, you must provide the following with this application:

- ☐ A completed insurance certification document indicating Missouri as a covered state for Workers' Compensation;
- ☐ If hiring a Missouri resident, you will need your Missouri Employment Security Account Number issued by the Missouri Department of Labor (573) 751-3571;
- ☐ Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office (866) 223-6535; and
- ☐ A Transient Employer Bond not less than \$5,000, not more than \$25,000.

Answer all questions completely. Incomplete and unsigned applications will delay processing.

3. Missouri Employment Security Account number, if hiring a Missouri resident: (first seven digits required) ...

Reason for Application

4. Select all tax types for which you are applying:

- ☐ Transient Employer Withholding Tax (Bond Required)
- ☐ Corporate Income Tax
- ☐ Corporate Franchise Tax
- ☐ Consumer's Use Tax (Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid sales or use tax to the seller or the property is exempt from tax.)

Reason for Applying

- ☐ New MO Registration
- ☐ Purchase of Existing Business
- ☐ Reinstating Old Business
- ☐ Converted (must have converted through the Missouri Secretary of State's office)
- ☐ Court Appointed Receiver
- ☐ Other:

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Owner Information

5. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)

Address		E-mail Address	
City	State	ZIP Code	County

If an individual is listed as the owner, you must also provide the following:

Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number
	_ _ _ / _ _ / _ _ _ _	(_ _ _) _ - _ _ _ _

Ownership Type

6. Ownership Type ☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register at sos.mo.gov or call (866) 223-6535). Your application will not be complete without providing the charter number issued to you by their office.

- | | |
|---|---|
| <input type="checkbox"/> Limited Partnership - LP Number _____
<input type="checkbox"/> Limited Liability Partnership - LLP Number _____
<input type="checkbox"/> Limited Liability Company - LLC Number _____
Taxed as a <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
<input type="checkbox"/> Missouri Corporation - Missouri Charter No. _____
Date Incorporated (MM/DD/YYYY) ____/____/_____
<input type="checkbox"/> Non-Missouri Corporation - Missouri Charter No. _____
State of Incorporation _____ Date Registered in Missouri (MM/DD/YYYY) ____/____/_____
 | <input type="checkbox"/> Not Required to register with Missouri Secretary of State
<input type="checkbox"/> Other
<div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> |
|---|---|



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Reporting forms and notices will be mailed to this address.

7. Address (street, rural route or P.O. Box)	City	State	ZIP Code
Company Name if different than owner			

8. Provide the officers, partners, or members (L.L.C.) of your business who are responsible for the collection and remittance of tax. Listing individuals or entities here indicates they have direct supervision or control over tax matters. Attach list if needed.

Name (Last, First, Middle Initial)		Title	
Social Security Number	Federal Employer ID Number (FEIN)	Date of Birth (MM/DD/YYYY)	
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)

Name (Last, First, Middle Initial)		Title	
Social Security Number	Federal Employer ID Number (FEIN)	Date of Birth (MM/DD/YYYY)	
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)

9. Business Tax Accounts: Identify all persons who are not a partner, member (L.L.C.), or officer of the business that have direct supervision or control over tax matters whom you authorize the Department to discuss your tax matters. Attach list if needed.

Title Begin or End Date (MM/DD/YYYY)	Name (Last, First, Middle Initial)		
Title		Social Security Number	Birthdate (MM/DD/YYYY)
Home Address			
City	State	ZIP Code	County

10. Business Name (dba name: attach list if necessary for additional locations)			
Street, Highway (Do not use P.O. Box Number or Rural Route Number)		City	
County	State	ZIP Code	Business Telephone Number () -

11. The location of your job site(s) in Missouri (Attach list if necessary): _____

12a. Is this business located inside the city limits of any city or municipality in Missouri?
To verify go to mytax.mo.gov/rptportal/home/business/salesUseTaxRateInformation
☐ No ☐ Yes — Specify the city: _____

12b. Is this business located inside a district(s)? For example, ambulance, fire, tourism, community or transportation development.
☐ No ☐ Yes — Specify the district name(s): _____

13. Describe the business activity, stating the major products sold and services provided.
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14. Consumer's or Taxable Purchases Begin Date (MM/DD/YYYY) ____/____/____

15. Is this corporation registered with the Internal Revenue Service as a ☐ Regular or Close Corporation ☐ Sub Chapter S Corporation

16. Corporation Tax Begin Date in Missouri (MM/DD/YYYY) Corporation Taxable Year End (MM/DD)

____/____/____

____/____

17. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated tax is expected to be at least \$250, or 4% of the Missouri taxable income, check the "Yes" box..... ☐ Yes ☐ No

18. Missouri Withholding Begin Date (MM/DD/YYYY) How many of your employees will work in Missouri?

____/____/____

19. Will any of your employees be Missouri residents? ☐ Yes ☐ No

20. Calculate employer withholding tax:

Estimated monthly gross wages _____ X 4.95% = _____

☐ Annually (less than \$100 withholding tax per quarter)

☐ Monthly (\$500 to \$9,000 withholding tax per month)

☐ Quarterly (\$100 withholding tax per quarter to \$499 per month)

☐ Quarter-Monthly (weekly), over \$9,000 withholding tax per month; (required to pay electronically)

21. Does a parent company file withholding tax reports and receive full compensation for timely filed returns? ☐ Yes ☐ No

22. If you do not pay wages year round, please check the months that you do pay wages.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

23. Calculate transient employer bond:

A. Missouri withholding tax

Monthly gross wages _____ X 4.95% = _____ X 3 = _____ (a)

B. Missouri unemployment tax

Average # of workers _____ X \$7,000 = _____ X 3.38% _____ / 4 = _____ (b)

(a) _____ + (b) _____ = _____ (amount of bond - minimum \$5,000)

Visit dor.mo.gov/forms/index.php?category=13 for bond forms.

Type of bond ☐ Cash Bond ([Form 332](#)) ☐ Certificate of Deposit ([Form 4172](#)) ☐ Irrevocable Letter of Credit ([Form 2879](#)) ☐ Surety Bond ([Form 331](#))

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature

Title

Date (MM/DD/YYYY)

____/____/____

Typed or Printed Name

E-mail Address

Confidentiality of Tax Records

[Missouri Statue 32.057, RSMo](#), states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit dor.mo.gov/forms to obtain a Power of Attorney ([Form 2827](#)).

Mail to: 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

Visit: dor.mo.gov/taxation/business/registration/requirements.html

for additional information.



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Form 2643T (Revised 01-2023)



Transient Employer: Missouri [Statute 285.230, RSMo](#), a transient employer must file a bond with the Department unless they meet all the exemption criteria listed in 285.230(2). The amount of bond shall not be less than the average estimated quarterly withholding and unemployment tax liabilities of the employer and in no case less than \$5,000 nor more than \$25,000.

*** Important: If you are a transient employer and fail to file a bond, you are in violation of Missouri law. You may be guilty of a misdemeanor and penalized up to \$5,000 and will not be able to perform work in Missouri.

Cash Bond ([Form 332](#))

1. Fully complete the cash bond form. Owners name must include owner, all partners, corporation, or LLC name.
2. Sign the cash bond form.
3. Forward a cashier's check, money order, or certified check with the cash bond form. Cash, personal, or company checks are not acceptable.

Surety Bond ([Form 331](#))

1. Owners name must include owner, all partners, corporation, or LLC name.
2. A surety bond must be issued by an insurance company licensed for bonding with the Department of Insurance, State of Missouri.
3. It must be on the form provided by the Department.
4. The form must bear the effective date.
5. It must be signed by an authorized representative of the surety company and the owner, partner, officer, or member.
6. The Surety Bond must be accompanied by a valid Power of Attorney letter, issued by the surety company, authorizing the surety official to sign the Surety Bond.
7. It must be the original bond. A copy is not acceptable.

Irrevocable Letter of Credit ([Form 2879](#))

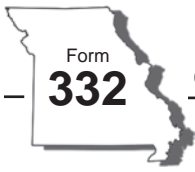
1. Owners name must include owner, all partners, corporation, or LLC name.
2. The letter of credit must be issued by a financial banking institution located in the United States.
3. It must be on the form provided by the Department.
4. It must be the original letter of credit. A copy is not acceptable.
5. It must state the owner's name.
6. It must state the date of issuance.
7. It must be signed by a bank official and notarized.
8. It must be accompanied by an "Authorization for Release of Confidential Information" form which must be signed by the owner, partner, officer, or member and notarized.

Certificate of Deposit ([Form 4172](#))

1. The Certificate of Deposit must be issued by a state or federally chartered financial institution.
2. The Certificate of Deposit must be issued in the name of the Missouri Department of Revenue and the owner, all partners, corporation name or limited liability company name.
3. It must be issued for not less than 24 months.
4. It must be accompanied by the "Assignment of Certificate of Deposit" form provided by the Department which must be completed by the financial institution.
5. The Certificate of Deposit must be endorsed or accompanied by a signed withdrawal slip.
6. The actual Certificate of Deposit, Assignment of Certificate of Deposit, and a copy of the signature card must be forwarded with the registration application.



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MISSOURI DEPARTMENT OF
REVENUE
Cash Bond

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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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 (If required by The Department of Revenue)
- ☐ Other Tobacco Products
- ☐ Cigarette Tax
- ☐ Transient Employer Withholding and Unemployment Tax

☐ Motor Fuel Tax

Motor Fuel license type (Select One):

- ☐ Supplier or Permissive Supplier ☐ Distributor
- ☐ Terminal Operator ☐ 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)

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Mail to:

Form 332 (Revised 04-2021)

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

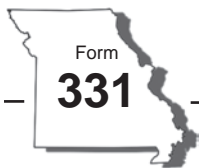
Other Tobacco Products
Taxation Division
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit <http://dor.mo.gov/business/register/> for additional information. TTY (800) 735-2966



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MISSOURI DEPARTMENT OF
REVENUE
Surety Bond

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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Bond Type

Select One:

- ☐ Sales and Use Tax
(If required by The Department of Revenue)
- ☐ Cigarette Tax
- ☐ Other Tobacco Products
- ☐ Transient Employer Withholding Tax and
Unemployment Tax

- ☐ Motor Fuel Tax
Motor Fuel license type (Select One):
- ☐ Distributor
- ☐ Supplier or Permissive Supplier
- ☐ Terminal Operator
- ☐ Transporter

Requirements

- Issued by licensed surety company
- Signed by surety company's authorized representative
- Signed by taxpayer's authorized representative
- Include an effective date
- Include a valid Power of Attorney issued
by the surety company.

Amount (U.S. Currency) \$	Bond Number	Issue Date (MM/DD/YYYY) ____/____/____	
At the Request of Taxpayer or Business (Owner's Name, All Partners, Corporation, or LLC Name)		County	
Taxpayer or Business Owner Address	City	State	ZIP Code

_____ (Issuer) hereby issues this Surety Bond (bond) in favor of the Missouri Department of Revenue, in the aggregate sum of _____ dollars (\$ _____). This bond shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri or the Department on or after the date of this bond. The funds shall be paid to the Department upon a written demand for payment on the Issuer by referencing this bond. The demand for any payment shall be sent by U.S. mail. The Issuer shall upon receipt honor all partial or full demands for payment and make payment to the Department within thirty (30) days of receipt of the demand. The surety may cancel the bond by delivering sixty (60) days written notice to the Department. Any election to cancel this bond shall not relieve, release, or discharge the Issuer from any liability for the indicated taxes, related fees, interest, additions to tax, and penalties of the taxpayer or business that may accrue for all periods prior to the cancellation of the bond. The Department shall have a period of one year after the expiration or cancellation date of the sales, use, transient employer withholding and unemployment tax bond to make a demand for payment upon the Issuer. The Department shall have a period of 3 years after the expiration or cancellation date of the motor fuel, cigarette and other tobacco products tax bond to make a demand for payment upon the issuer. This agreement 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. The Issuer understands and agrees that the surety shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this bond. The person signing this bond states that he or she has the legal authority to enter into this bond and to legally bind the taxpayer or business below.

Surety Name	Surety Phone Number (____)____-____	Surety Company Certificate of Authority Number	
Surety Officials Name Typed or Printed		Signature of Surety Official	
Surety Address	City	State	ZIP Code

Authorization

Authorization for release of confidential information has been set forth at the request of the Department and does not constitute a part of, or an exhibit to, the surety bond. I hereby authorize release of confidential tax information to the issuing Surety Company listed above for the purpose of making demand for payment on the Surety Bond Number listed above as long as the obligation remains in force and effect. Release of this information to the named surety company does not give the surety company authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer or business below. In witness whereof, this taxpayer or business duly executed the foregoing this _____ day of _____, 20_____.

Taxpayer or Business Owner (Proprietorship, Partnership, Corporation or LLC)	Title	Phone Number (____)____-____
Signature of Owner, Partner, Corporate Officer, or Member	Print or Type Name of Person Signing This Release	E-mail address

Mail To: Sales and Use or Transient Employer

Withholding Tax
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businessstaxregister@dor.mo.gov

Motor Fuel Tax
P.O. Box 300
Jefferson City MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

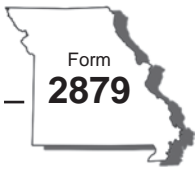
Cigarette Tax
P.O. Box 811
Jefferson City MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Other Tobacco Products
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov



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Form 331 (Revised 09-2022)



MISSOURI DEPARTMENT OF
REVENUE
Irrevocable Letter of Credit

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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**Tax
Type**

- ☐ Sales and Use Tax (If required by The Department of Revenue) ☐ Cigarette Tax ☐ Motor Fuel Tax
☐ Other Tobacco Products ☐ Transient Employer Withholding and Unemployment Tax

Amount (U.S. Currency)		Letter of Credit Number		Date of Issuance (MM/DD/YYYY) __ / __ / __ __ __ __	
At the request of Taxpayer 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		

_____(Issuer)
hereby issues this Irrevocable Letter of Credit (ILC) in favor of the Missouri Department of Revenue, in the aggregated sum of
_____ dollars

(\$_____). This ILC shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri on or after the date this ILC is issued.

The funds shall be paid to the Department upon a written demand for payment on the Issuer referencing this ILC. A demand for any payment shall be sent by U.S. mail or personal service. The Issuer shall upon receipt honor all partial or full demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

This ILC shall be effective for a period of one year from the date of issuance and shall automatically renew for additional one-year periods unless at least sixty (60) days prior to any such expiration date the Issuer notifies the Department in writing at the address indicated for each type of tax shown above that it does not elect to renew this ILC. Any election not to renew the ILC shall not operate to relieve, release or discharge the Issuer from any liability for the indicated tax or taxes and related fees, interest, additions to tax, and penalties of the taxpayer or business that may accrue for all periods prior to the cancellation of the ILC.

The Department shall have a period of one year after the expiration date of the ILC to make a demand for payment upon the Issuer. The Issuer affirms that any demand for payment made by the Department in accordance with the terms of this ILC shall be honored upon receipt.

This agreement and any legal action pertaining thereto shall be governed by and construed in accordance with these terms and the laws of the State of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning this ILC shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The Issuer understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this ILC.

The person signing this ILC states that he or she has the legal authority to enter into this ILC and to legally bind the taxpayer or business below.

Bank or Financial Institution	Issuing Bank or Financial Institution		Address	
	City, State, Zip Code		Telephone Number (____) ____ - ____	
	Signature and Title of Bank or Financial Institution Official		Bank Official's Typed or Printed Name	



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Notary Public

Embosser 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
	Notary Public Signature		
Notary Public Name (Typed or Printed)			

Authorization for Release of Confidential Information

The following Authorization for Release of Confidential Information has been set forth at the request of the Missouri Department of Revenue and does not constitute a part of, or an exhibit to, the Irrevocable Letter of Credit on the reverse side of this form.

I hereby authorize release of confidential tax information to _____
(Bank or Financial Institution)

for the purpose of making demand for payment on Irrevocable Letter of Credit Number _____

as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer or business below.

In witness whereof, this taxpayer or business duly executed the foregoing this _____ day of _____, 20 _____.

Signature

Signature of Owner, Partner, Corporate Officer, or Member	Typed or Printed Name of Person Signing this Release
Title	Date (MM/DD/YYYY) ____ / ____ / ____

Form 2879 (Revised 04-2021)

Mail to:

Sales and Use or Transient Employer
Withholding Tax
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businessstaxregister@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

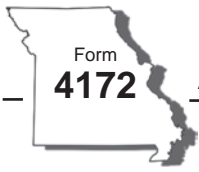
Other Tobacco Products
Taxation Division
P.O. Box 3320
Jefferson City, MO 65105-3320
Phone: (573) 751-5772
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit <http://dor.mo.gov> for additional information. TTY (800) 735-2966



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MISSOURI DEPARTMENT OF

REVENUE**Assignment of Certificate of Deposit**Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number
(Optional)

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Federal Employer
I.D. Number

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**Tax
Type**

- ☐ Sales and Use Tax (If required by The Department of Revenue) ☐ Cigarette Tax ☐ Motor Fuel Tax
☐ Other Tobacco Products ☐ Transient Employer Withholding and Unemployment Tax

Owner's Name, all Partners, Corporation, or LLC Name		E-mail Address	
Business Address	City	State	ZIP Code
Taxpayer or Business Owner's Address	City	State	ZIP Code

I, _____, being of lawful age, assign and transfer the
Certificate of Deposit (CD) for _____
(\$ _____), Certificate of Deposit Number _____, issued _____, 20____,
by _____, located at _____
_____, as security to the Missouri Department of Revenue (Department) in lieu of a cash bond.
This CD shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of
Missouri on or after the date this CD is issued.

I understand that at any time a delinquency occurs, the Department may redeem the CD assigned by this instrument and apply
the proceeds to such delinquency. I agree that Administrative Rules and Revised Statutes of Missouri will govern my rights and
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.

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
terms and the laws of the state of Missouri. The parties understand and agree that the exclusive jurisdiction for any action concerning
this CD shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. The undersigned bank
understands and agrees that it shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this CD.

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
execute this assignment on behalf of the Taxpayer.

**Taxpayer
of Record**

Business Name	
Owner, Officer, Partner, or Member Signature	Title

**Financial Institution
Acknowledgement**

Select One:

- ☐ 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 (____)____-____	By (Signature of Banking Official)
Bank Official's Name		Title



14609010001

Notary Public	Embosser 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 _____	
	Notary Public Signature _____			
Notary Public Name (Typed or Printed) _____				

Release	Authority to release the Certificate of Deposit is hereby granted this _____ day of _____ 20 _____. Please mail any proceeds from the Certificate of Deposit to _____. <div style="text-align: right; padding-right: 50px;"> Missouri Department of Revenue By: _____ Title: _____ </div>
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Certificate of Deposit	The Department will accept a Certificate of Deposit (CD) issued by a state or federally chartered financial institution in lieu of a Cash Bond subject to the provisions of Revised Statutes of the State of Missouri.
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Assignment of CD Requirements	<ul style="list-style-type: none"> Form 4172 must be fully completed by the financial institution. It must be issued jointly in the name of the owner and the Missouri Department of Revenue. The bank official's signature must be notarized. Form 4172 must be signed by the sole owner, partner, corporate officer, or member. Attach a completed signature card, if required by financial institution. Send all completed required documents to the address on Form 4172.
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Certificate of Deposit Requirements	<ul style="list-style-type: none"> A paper CD must be: <ul style="list-style-type: none"> Issued jointly in the name of the owner and the Missouri Department of Revenue; A 12-month (2 year) CD; and Endorsed in ink by the owner. If the CD is a "Book Entry" CD, a signed withdrawal slip or a letter from the issuing financial institution indicating how the Department of Revenue may draw upon the CD must accompany this form. The sole owner, a partner, a corporate officer, or a member of a limited liability company must sign the withdrawal slip. If the CD is paperless, check the appropriate box. The interest derived from the CD must be compounded. If a delinquency occurs, the Department may redeem the CD. Any proceeds from the CD exceeding the delinquency, including interest proceeds, will be converted to a cash bond. The Financial Institution must honor upon receipt all demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.
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Form 4172 (Revised 04-2021)

Mail to:

Sales and Use or Transient
 Employer Withholding Tax
 Taxation Division
 PO Box 357
 Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businessstaxregister@dor.mo.gov

Motor Fuel Tax
 Taxation Division
 PO 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
 PO 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
 PO 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.



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