



<input type="checkbox"/> Refund <input type="checkbox"/> Credit		Financial Institution Type:			
		<input type="checkbox"/> Bank	<input type="checkbox"/> Credit Institution	<input type="checkbox"/> Credit Union	<input type="checkbox"/> Savings and Loan
Name of Financial Institution					
Mailing Address		City	State	ZIP Code	

Credit or Refund Information

1. For taxable year _____ based on the calendar year income period _____.
2. Amount of tax paid.....
 Dates of payments: _____
3. Amount to be credited or refunded.....

2	
3	

Reason for Overpayment

Signature

Under penalties of perjury, I declare the information I have provided and any attached supplement is true, complete, and correct.

Signature of Officer	Title	Date (MM/DD/YYYY) ___/___/_____
Printed Name of Officer	E-mail Address of Officer	

Mail to: Taxation Division
 P.O. Box 898
 Jefferson City, MO 65105-0898

E-mail: fit@dor.mo.gov
 Visit dor.mo.gov/taxation/business/tax-types/finance/ for additional information.

Form 1141 (Revised 02-2020)

Phone: (573) 751-2326
Fax: (573) 522-1762



Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.