



MISSOURI DEPARTMENT OF

**REVENUE**

**Assignment of Rights From the Seller to Purchaser  
For Refund Under Section 144.190.4(1)**

Department Use Only  
(MM/DD/YY)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Reporting Period  
(MM/YY)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Purchaser  
Missouri Tax I.D.  
Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Purchaser  
Federal Employer  
I.D. Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Case Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Department Use Only

**Purchaser Information**

|   |                |          |
|---|----------------|----------|
| Name  |                |          |
| Address   |                |          |
| City  | State          | ZIP Code |
| Contact Telephone Number<br>(____) - ____ - _____ | E-mail Address |          |

**Seller Information**

|   |   |          |
|---|---|----------|
| Name  | Missouri Tax Identification Number<br>_____ |          |
| Address   |   |          |
| City  | State                                       | ZIP Code |
| Contact Telephone Number<br>(____) - ____ - _____ | E-mail Address                              |          |

By checking this box, I \_\_\_\_\_, authorize the purchaser, or purchaser's representative, to receive information about the seller's account regarding the periods for which a refund claim is being submitted. I understand this allows the department to provide specific information to the purchaser regarding why the refund claim was denied or reduced for the periods requested. This authorization is specific to this refund claim only.

**Total Transactions**

On page 2, enter each transaction you are requesting a refund for. The seller should add the jurisdiction code for the location where the sales were reported on their return.

|                              |                              |
|------------------------------|------------------------------|
| Total Number of Transactions | Total Refund Requested<br>\$ |
|------------------------------|------------------------------|

**Seller's Signature**

Under penalties of perjury I, declare that the above information and any attached supplement is true, complete, and correct. I assign to Purchaser the limited right to seek a refund from the Missouri Department of Revenue for the listed transactions. I affirm that I have not received a refund or credit of sales or use tax paid on the transactions and I will not apply for a refund or credit of the tax collected on any transaction covered by this agreement. I authorize the Missouri Department of Revenue to amend my sales or use tax returns as a result of any refund granted. I am authorized to execute this assignment on behalf of the seller.

|              |                                    |
|--------------|------------------------------------|
| Signature    | Title                              |
| Printed Name | Date (MM/DD/YYYY)<br>___/___/_____ |

**Notary Information**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Embossor 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)<br>___/___/_____ |
|   | Notary Public Signature                                      |                               |   |
|   | Notary Public Name (Typed or Printed)                        |                               |   |



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In detail, please complete the information below. Attach additional pages if needed. Enter the combined total of all refunds claimed in the Total Transactions section on page 1.

Transactions

| Description of Good or Service | Cost of Good or Service | Month and Year of Purchase | Street, City, and State of Purchase | Jurisdiction of Purchase | Amount of Refund Requested |
|--------------------------------|-------------------------|----------------------------|-------------------------------------|--------------------------|----------------------------|
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |
|                                | \$                      |                            |                                     |                          | \$                         |

Form 5433 (Revised 07-2023)

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

**E-mail:** [salesrefund@dor.mo.gov](mailto:salesrefund@dor.mo.gov)  
Visit [dor.mo.gov/faq/business/refund.php](http://dor.mo.gov/faq/business/refund.php) for additional information.

**Phone:** (573) 526-9938  
**Fax:** (573) 751-9409  
**TTY:** (800) 735-2966

