



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

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

**Transactions**

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.	\$			\$



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)			

**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](mailto:salesrefund@dor.mo.gov)

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

