



Missouri Department of Revenue
Cash Bond

Personal or company checks will not be accepted as payment. Please remit a cashiers check or money order.

Cash Bond Type	Select only one:	
	<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> Motor Fuel Tax
	<input type="checkbox"/> Other Tobacco Products	Motor Fuel license type (Select One):
	<input type="checkbox"/> Cigarette Tax	<input type="checkbox"/> Supplier or Permissive Supplier <input type="checkbox"/> Distributor
	<input type="checkbox"/> Transient Employer Withholding and Unemployment Tax	<input type="checkbox"/> Terminal Operator <input type="checkbox"/> 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 (Department) 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 07-2013)

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

