MISSOURI DEPARTMENT OF REVENUE 4854 Employer Withholding Tax Refund Request

Form

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You must receive confirmation from the Department of Missouri Tax Identification Number Tax Period (YYYY/N				a valid overpayment exist Overpay Amount	s prioi	to comple	eting this	s form.		
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Federal Employer Identification Number (FEIN) Telephone Nu			ber		Department Use Only					
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Dusiries	s manie									
Business Address			City			State	Zip Co	de		
Provide	a detailed description of the reasor	for overpayment. (Rec	quired)							
ure	If your refund is for an amount th	at exceeds \$100,000,	an Agreemen			-	-	required.		
Signature	Signature (Required)				Date (M	M/DD/YYYY)				
Sig						_/	/			
Mail to	 Taxation Division P.O. Box 3375 Jefferson City, MO 65105-3 	Phone: (573 Fax: (573) 5 375 E-mail: <u>wit</u> l		Visit <u>http://dor.mo.go</u> or.mo.gov for additiona			nhold/			
Form REVENUE 4854 Employer Withholding Tax Refund Request You must receive confirmation from the Department of Revenue that a valid overpayment exists prior to completing this form.										
	i Tax Identification Number	Tax Period (YYYY/M		Overpay Amount	5 piloi		sung una	5 101111.		
Federal Employer Identification Number (FEIN) Telephone Number Department Use Only										
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Busines			_)		Depa	rtment Use	Only 			

Provide a detailed description of the reason for overpayment. (Required)



If your refund is for an amount that exceeds \$100,000, an Agreement to Receive Refund by AC	CH Transfer (Form 5378) is required.
Signature (Required)	Date (MM/DD/YYYY)

