



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

OFFER IN COMPROMISE APPLICATION

FORM
MO-656
(REV. 5-2012)

DOR USE ONLY

Date Received _____

Revenue Agent _____

SECTION 1 PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE FIRST NAME	MI	SPOUSE LAST NAME	SPOUSE SOCIAL SECURITY NUMBER	SPOUSE DATE OF BIRTH
OTHER NAMES OR ALIASES USED	SPOUSE OTHER NAMES OR ALIASES USED		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, OR WIDOWED)	

PROVIDE INFORMATION FOR ALL OTHER PERSONS IN THE HOUSEHOLD AND/OR CLAIMED AS A DEPENDENT. ATTACH ADDITIONAL PAGES AS NEEDED.
(THIS INFORMATION IS OPTIONAL IF OFFER IS BASED ON DOUBT AS TO LIABILITY OR EXCEPTIONAL CIRCUMSTANCES).

NAME	AGE	RELATIONSHIP	CLAIMED AS A DEPENDENT ON YOUR FORM 1040?	CONTRIBUTES TO HOUSEHOLD INCOME?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	SECONDARY PHONE NUMBER		E-MAIL ADDRESS		
YOUR MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE
NAME OF YOUR TAX REPRESENTATIVE (CPA, ATTORNEY, ETC.) ATTACH POA FORM 2827			FAX NUMBER		PHONE NUMBER
TAX REPRESENTATIVE'S ADDRESS			CITY	STATE	ZIP CODE

I/WE SUBMIT THIS OFFER FOR THE REASON CHECKED BELOW: SEE INSTRUCTIONS FOR EXPLANATION OF REASONS. (CHECK ONE)

☐ DOUBT AS TO LIABILITY ☐ DOUBT AS TO COLLECTIBILITY ☐ SEVERE ECONOMIC HARDSHIP ☐ EXCEPTIONAL CIRCUMSTANCES

SECTION 2 PAYOFF INFORMATION

TAX TYPE	SSN OR BUSINESS IDENTIFICATION NUMBER	TAX PERIODS
<input type="checkbox"/> PERSONAL INCOME TAX		
<input type="checkbox"/> BUSINESS TAX (WITHHOLDING, SALES, USE, CORPORATE)		
<input type="checkbox"/> OTHER (EXPLAIN)		

I/WE OFFER TO PAY \$ _____. (MUST BE MORE THAN ZERO IF OFFER IS DUE TO DOUBT AS TO COLLECTIBILITY)

CHECK ONE OF THE FOLLOWING:

☐ CASH OFFER BALANCE TO BE PAID IN: ☐ 10 DAYS ☐ 30 DAYS

☐ SHORT-TERM DEFERRED PAYMENT OFFER (MONTHLY PAYMENTS BEGINNING WITHIN 30 DAYS OF ACCEPTANCE OF THE OFFER)

\$ _____ WITHIN 30 DAYS

\$ _____ ON THE _____ DAY OF EACH MONTH STARTING THE SECOND MONTH AFTER WRITTEN NOTICE OF
ACCEPTANCE OF THE OFFER FOR A TOTAL OF _____ MONTHS.

WILL YOU BORROW THE SETTLEMENT OFFER AMOUNT? ☐ YES ☐ NO

IF YES, PROVIDE THE LENDER'S NAME, ADDRESS, PHONE; LIST ALL COLLATERAL, IF ANY, PLEDGED TO SECURE THE LOAN.

LENDER INFORMATION

NAME	PHONE NUMBER ()	IS LENDER A MEMBER OF YOUR HOUSEHOLD OR IMMEDIATE FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS	CITY	STATE	ZIP

COLLATERAL

SECTION 2 PAYOFF INFORMATION

(CONTINUED)

INCLUDE AN EXPLANATION OF WHY YOU ARE REQUESTING AN OFFER IN COMPROMISE.

SECTION 3 EMPLOYMENT INFORMATION (IF SELF EMPLOYED OR OWN A BUSINESS COMPLETE SECTION 6-8.)

NAME OF EMPLOYER (TAXPAYER)		PHONE NUMBER		NAME OF EMPLOYER (SPOUSE)		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	ADDRESS	CITY	STATE	ZIP CODE
HOW LONG EMPLOYED: _____ YEARS _____ MONTHS				HOW LONG EMPLOYED: _____ YEARS _____ MONTHS			
OCCUPATION		NUMBER OF ALLOWANCES CLAIMED ON FORM W-4		OCCUPATION		NUMBER OF ALLOWANCES CLAIMED ON FORM W-4	
PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> MONTHLY <input type="checkbox"/> TWICE MONTHLY (e.g., 1st & 15th)				PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> MONTHLY <input type="checkbox"/> TWICE MONTHLY (e.g., 1st & 15th)			

ADDITIONAL EMPLOYMENT	NAME OF EMPLOYER (TAXPAYER, SPOUSE) CIRCLE ONE		PHONE NUMBER		HOW LONG EMPLOYED: _____ YEARS _____ MONTHS	
	ADDRESS		CITY		STATE	ZIP CODE
	OCCUPATION		NUMBER OF ALLOWANCES CLAIMED ON FORM W-4			

SECTION 4 PERSONAL FINANCIAL INFORMATION

BANK ACCOUNTS: INCLUDE IRA'S, OTHER RETIREMENT PLANS, CERTIFICATES OF DEPOSIT, ETC. ATTACH ALL PAGES OF THE MOST RECENT THREE MONTHS BANK STATEMENTS FOR **ALL** ACCOUNTS OF EACH PERSON IN THE HOUSEHOLD. **ATTACH ADDITIONAL PAGES AS NEEDED.** IF YOU OWE MORE THAN \$50,000, SIX MONTHS BANK STATEMENTS ARE REQUIRED.

PROVIDE INFORMATION FOR ALL PERSONS IN THE HOUSEHOLD OR CLAIMED AS A DEPENDENT.

NAME OF INSTITUTION	ADDRESS	TYPE	DATE OPENED	ACCOUNT NUMBER	BALANCE
TOTAL OF ALL BANK ACCOUNTS WITH POSITIVE BALANCE.					\$

PERSONAL PROPERTY: INCLUDE AUTOMOBILES, BOATS, ATV'S, MOTORCYCLES, RECREATIONAL VEHICLES, AIRPLANES, MACHINERY, ETC., NOT USED IN YOUR BUSINESS. **ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION OF PAYOFF.**

YEAR, MAKE, MODEL/STYLE, LICENSE NUMBER	LENDER/LIEN HOLDER	CURRENT MARKET VALUE	CURRENT PAYOFF	AVAILABLE EQUITY (CANNOT BE LESS THAN 0)
TOTAL EQUITY OF ALL PERSONAL PROPERTY.				\$

SECTION 4 PERSONAL FINANCIAL INFORMATION

(CONTINUED)

REAL PROPERTY: FOR EACH PROPERTY, INCLUDE COPIES OF DEED, HOMEOWNER'S/RENTER'S INSURANCE POLICY WITH RIDERS, SUPPORTING DOCUMENTATION OF LOAN BALANCE, AND MOST RECENT PROPERTY TAX STATEMENT. **ATTACH ADDITIONAL PAGES AS NEEDED.**

PROPERTY 1

PHYSICAL ADDRESS, DESCRIPTION (SINGLE FAMILY HOME, MULTI-FAMILY HOME, BARE LOT, ACREAGE, ETC.)	COUNTY	PARCEL NUMBER	
MORTGAGE LENDER'S NAME AND ADDRESS	CURRENT MARKET VALUE	LOAN VALUE BALANCE	AVAILABLE EQUITY

NAME(S) OF OWNER(S) ON DEED: _____ PURCHASE PRICE: _____ PURCHASE DATE: _____

PROPERTY 2

PHYSICAL ADDRESS, DESCRIPTION (SINGLE FAMILY HOME, MULTI-FAMILY HOME, BARE LOT, ACREAGE, ETC.)	COUNTY	PARCEL NUMBER	
MORTGAGE LENDER'S NAME AND ADDRESS	CURRENT MARKET VALUE	LOAN VALUE BALANCE	AVAILABLE EQUITY

NAME(S) OF OWNER(S) ON DEED: _____ PURCHASE PRICE: _____ PURCHASE DATE: _____

OTHER VALUABLE ITEMS: INCLUDE ITEMS SUCH AS AS ARTWORK, GUNS, COLLECTIBLES, JEWELRY. **ATTACH ADDITIONAL PAGES AS NEEDED.**

ITEM	DESCRIPTION	CURRENT VALUE
TOTAL VALUE OF ALL OTHER VALUABLE ITEMS.		\$

PERSONAL CREDIT CARDS AND UNSECURED LINES OF CREDIT.

TYPE	NAME OF CREDITOR	RECORD OWNER	BALANCE OWED	AVAILABLE CREDIT
TOTAL UNSECURED CREDIT BALANCE AMOUNT.				\$

LIFE INSURANCE: ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION.

NAME OF INSURANCE COMPANY	AGENT'S NAME AND TELEPHONE NUMBER	POLICY NUMBER	TYPE	FACE AMOUNT	LOAN/CASH SURRENDER VALUE
TOTAL VALUE OF ALL LIFE INSURANCE POLICIES.					\$

SECURITIES: INCLUDE STOCKS, BONDS, MUTUAL FUNDS, MONEY MARKET FUNDS, 401(k), ETC. **ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION FOR THE MOST RECENT THREE MONTHS.**

TYPE	LOCATION	RECORD OWNER	QUANTITY OR DENOMINATION	CURRENT VALUE
TOTAL VALUE OF ALL SECURITIES.				\$

(CONTINUED)

IF YOU CHECK "YES", PROVIDE DATES, AN EXPLANATION, AND DOCUMENTATION. **ATTACH ADDITIONAL PAGES AS NEEDED.**

COURT PROCEEDINGS (LITIGATION, PROBATE, ETC.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
ANTICIPATED INCREASE IN INCOME	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
BANKRUPTCIES/RECEIVERSHIPS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TRANSFER OF ASSETS IN LAST 12 MONTHS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
BENEFICIARY TO TRUST, ESTATE, PROFIT SHARING, ETC.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TAXES OWED TO THE IRS (PROVIDE PROOF)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TAXES OWED TO OTHER STATES, COUNTIES, DISTRICTS, AGENCIES, ETC.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
OTHER DEBT (EXPLAIN).	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____

MONTHLY HOUSEHOLD DISPOSABLE INCOME. ATTACH DOCUMENTATION.

GROSS MONTHLY INCOME			MONTHLY LIVING EXPENSES	
SOURCE	TAXPAYER	SPOUSE	SOURCE	AMOUNT
SALARY, WAGES, COMMISSIONS, TIPS	\$	\$	HOUSE OR RENT PAYMENT	\$
SELF-EMPLOYMENT INCOME			INCOME TAXES (FEDERAL, STATE, FICA)	
PENSIONS, DISABILITY & SOCIAL SECURITY			ESTIMATED TAX (IF APPLICABLE)	
DIVIDENDS & INTEREST			GROCERIES	
GIFT OR LOAN PROCEEDS			MEDICAL EXPENSES & PRESCRIPTIONS	
RENTAL INCOME			UTILITIES:	
ESTATE, TRUST & ROYALTY INCOME			ELECTRIC \$ + GAS \$ +	
WORKERS' COMP. & UNEMPLOYMENT			WATER \$ + PHONE \$ =	
ALIMONY & CHILD SUPPORT			INSURANCE:	
SELLER CARRIED CONTRACTS			LIFE \$ + HEALTH \$ +	
SALES			AUTO \$ + HOME \$ =	
OTHER (SPECIFY)			COURT ORDERED PAYMENT	
COURT ORDERED SETTLEMENT			PERSONAL LOAN PAYMENT	
RESTITUTION			CLOTHING & PERSONAL GROOMING	
			LEGAL FEES	
			TRANSPORTATION EXPENSE	
			VEHICLE LOAN/LEASE PAYMENT	
			PROPERTY TAXES	
			CHILD CARE	
			INSTALLMENT & CREDIT CARD PAYMENTS	
			TUITION PAYMENT	
			OTHER (SPECIFY)	
SUBTOTAL	\$	\$		
COMBINED MONTHLY INCOME		\$	TOTAL MONTHLY LIVING EXPENSES	\$
NET MONTHLY HOUSEHOLD DISPOSABLE INCOME ("COMBINED MONTHLY INCOME" MINUS "TOTAL MONTHLY LIVING EXPENSES").				\$

COMPLETE SECTIONS 6 THROUGH 8 ONLY IF YOU OWN A BUSINESS OR ARE SELF-EMPLOYED.

SECTION 6 BUSINESS INFORMATION

BUSINESS NAME		MISSOURI TAX ID	AVERAGE GROSS MONTHLY INCOME
BUSINESS ADDRESS			TOTAL EMPLOYEES
BUSINESS TELEPHONE NUMBER	BUSINESS WEB SITE		DO YOU OR YOUR SPOUSE HAVE ANY OTHER BUSINESS INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF BUSINESS (SELECT ONE) <input type="checkbox"/> SOLE OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			IF YES, COMPLETE ADDITIONAL ATTACHMENT FOR EACH BUSINESS INTEREST.
DESCRIPTION OF BUSINESS			

SECTION 7 BUSINESS FINANCIAL INFORMATION

BANK ACCOUNTS. INCLUDE CERTIFICATES OF DEPOSIT, ETC. ATTACH ALL PAGES OF THE MOST RECENT THREE MONTHS OF BANK STATEMENTS FOR ALL ACCOUNTS OF EACH PERSON IN THE HOUSEHOLD. **ATTACH ADDITIONAL PAGES AS NEEDED.** IF YOU OWE MORE THAN \$50,000, SIX MONTHS BANK STATEMENTS ARE REQUIRED.

NAME OF INSTITUTION	ADDRESS	TYPE	DATE OPENED	ACCOUNT NUMBER	BALANCE (CANNOT BE LESS THAN 0)
TOTAL OF ALL BANK ACCOUNTS WITH POSITIVE BALANCE.					\$

PERSONAL PROPERTY: INCLUDE AUTOMOBILES, BOATS, ATV'S, MOTORCYCLES, RECREATIONAL VEHICLES, AIRPLANES, MACHINERY, EQUIPMENT, ETC., USED IN YOUR BUSINESS. **ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION OF PAYOFF AMOUNT(S).**

YEAR, MAKE, MODEL/STYLE, LICENSE NUMBER	LENDER/LIEN HOLDER	CURRENT MARKET VALUE	CURRENT PAYOFF	AVAILABLE EQUITY (CANNOT BE LESS THAN 0)
TOTAL EQUITY OF ALL PERSONAL PROPERTY.....				\$

REAL PROPERTY: FOR EACH PROPERTY, INCLUDE COPIES OF DEED, HOMEOWNER'S/RENTER'S INSURANCE POLICY WITH RIDERS, SUPPORTING DOCUMENTATION OF LOAN BALANCE, AND MOST RECENT PROPERTY TAX STATEMENT. **ATTACH ADDITIONAL PAGES AS NEEDED.**

PROPERTY 1

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MORTGAGE LENDER'S NAME AND ADDRESS	CURRENT MARKET VALUE	LOAN VALUE BALANCE	AVAILABLE EQUITY

NAME(S) OF OWNER(S) ON DEED: _____ PURCHASE PRICE: _____ PURCHASE DATE: _____

PROPERTY 2

PHYSICAL ADDRESS, DESCRIPTION (SINGLE FAMILY HOME, MULTI-FAMILY HOME, BARE LOT, ACREAGE, ETC.)	COUNTY	PARCEL NUMBER	
MORTGAGE LENDER'S NAME AND ADDRESS	CURRENT MARKET VALUE	LOAN VALUE BALANCE	AVAILABLE EQUITY

NAME(S) OF OWNER(S) ON DEED: _____ PURCHASE PRICE: _____ PURCHASE DATE: _____

SECTION 7 BUSINESS FINANCIAL INFORMATION

(CONTINUED)

OTHER VALUABLE ITEMS: INCLUDE CASH, ACCOUNTS RECEIVABLE, ARTWORK, COLLECTIBLES, BUSINESS EQUIPMENT, AND ANY OTHER VALUABLE ITEMS. **ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION.**

TYPE	LOCATION	RECORD OWNER	QUANTITY OR DENOMINATION	CURRENT VALUE
TOTAL VALUE OF ALL VALUABLE ITEMS.				\$

SECURITIES: INCLUDE STOCKS, BONDS, MUTUAL FUNDS, MONEY MARKET FUNDS, 401(k), ETC. **ATTACH ADDITIONAL PAGES AS NEEDED. ATTACH SUPPORTING DOCUMENTATION.**

TYPE	LOCATION	RECORD OWNER	QUANTITY OR DENOMINATION	CURRENT VALUE
TOTAL VALUE OF ALL SECURITIES.				\$

BUSINESS CREDIT CARDS AND UNSECURED LINES OF CREDIT.

TYPE	NAME OF CREDITOR	RECORD OWNER	BALANCE OWED	AVAILABLE CREDIT
TOTAL UNSECURED CREDIT BALANCE AMOUNT.				\$

OTHER FINANCIAL INFORMATION.

IF YOU CHECK "YES", PROVIDE DATES, AN EXPLANATION, AND DOCUMENTATION. **ATTACH ADDITIONAL PAGES AS NEEDED.**

COURT PROCEEDINGS (LITIGATION, PROBATE, ETC.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
ANTICIPATED INCREASE IN INCOME	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
BANKRUPTCIES/RECEIVERSHIPS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TRANSFER ASSETS IN LAST 12 MONTHS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
BENEFICIARY TO TRUST, ESTATE, PROFIT SHARING, ETC.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TAXES OWED TO THE IRS (PROVIDE PROOF)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
TAXES OWED TO OTHER STATES, COUNTIES, DISTRICTS, AGENCIES, ETC.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
OTHER DEBT (EXPLAIN).	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____

SECTION 8 BUSINESS INCOME AND EXPENSE ANALYSIS

ACCOUNTING METHOD USED: ☐ CASH ☐ ACCRUAL

INCOME AND EXPENSES DURING THE PERIOD (MMDDYYYY)

TO (MMDDYYYY)

TOTAL MONTHLY BUSINESS INCOME		TOTAL MONTHLY BUSINESS EXPENSES	
SOURCE	GROSS MONTHLY	EXPENSE ITEMS	ACTUAL MONTHLY
GROSS RECEIPTS FROM SALES/SERVICES	\$	MATERIALS PURCHASED	\$
GROSS RENTAL INCOME	\$	INVENTORY PURCHASED	\$
INTEREST INCOME	\$	GROSS WAGES & SALARIES	\$
DIVIDENDS	\$	RENT	\$
CASH	\$	SUPPLIES	\$
OTHER INCOME (SPECIFY BELOW)	\$	UTILITIES/TELEPHONE	\$
	\$	VEHICLE GASOLINE/OIL	\$
	\$	REPAIRS & MAINTENANCE	\$
	\$	INSURANCE	\$
	\$	CURRENT TAXES	\$
	\$	OTHER EXPENSES (SPECIFY)	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

Terms and Conditions

1. I/we will remain in compliance with all tax types for three years after acceptance of the offer.
2. The offer remains pending until an authorized Department official issues notification of acceptance or rejection, or until the offer is withdrawn by me/us.
3. I/we understand that I/we voluntarily submit any payment made with this offer.
4. If the Department rejects the offer or if the offer is withdrawn, the Department will treat any paid amount with the offer as payment toward the outstanding tax liability.
5. Collection activity is normally suspended while an offer is pending, but such suspension is not required by law. I/we further understand that collection activity may continue if it is determined to be in the state's best interests, or if it is otherwise determined that the filing of the offer has not been made in good faith.
6. The Department will retain any payment(s) toward the liability for which the offer is made if such payment was made prior to receipt of the offer by the Department. The Department will retain and apply all amounts due to refund offset when such amounts are received prior to full payment of an accepted offer. An offset does not reduce the accepted Offer in Compromise amount.
7. I/we understand that the tax I/we owe is, and will remain, a tax liability until I/we meet all the terms and conditions of the offer. If I/we file bankruptcy before the terms and conditions of the offer are completed, any claim the Department files will be for the full amount less any payments.
8. Once the Department accepts the offer in writing, I/we have no right to contest, in court or otherwise, the amount of tax liability.
9. I/we the taxpayer shall bear all of my/our own costs, including attorney fees.
10. If I/we fail to meet the terms and conditions of an accepted offer, the compromise will be considered null and void. Updated interest and penalties will be added to the total balance due until paid in full.

In addition the Department may:

- Immediately issue and record any tax liens necessary to protect the state's legal interest;
- Proceed with enforced collection of the total outstanding liability;
- Apply amounts already paid under the offer to the total liability.

I/WE AGREE TO BE BOUND BY ALL THE TERMS AND CONDITIONS SET FORTH IN THIS OFFER. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS OFFER, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT I EMPLOY NO ILLEGAL OR UNAUTHORIZED ALIENS AS DEFINED UNDER FEDERAL LAW AND THAT I AM NOT ELIGIBLE FOR ANY TAX EXEMPTION, CREDIT, OR ABATEMENT IF I EMPLOY SUCH ALIENS.

SIGNATURE OF TAXPAYER	DATE
SIGNATURE OF TAXPAYER SPOUSE/PARTNER	DATE

DOR USE ONLY

ON BEHALF OF THE MISSOURI DEPARTMENT OF REVENUE, I ACCEPT THE OFFER TO PAY FOR THE REASONS LISTED IN SECTION 2.

SIGNATURE OF AUTHORIZED DEPARTMENT OFFICIAL	TITLE	DATE
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