



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
**SURETY BOND**

FORM  
**331**  
(REV. 06-2011)

**REQUIREMENTS FOR COMPLETING FORM  
THIS FORM CANNOT BE ALTERED**

1. Issued by licensed surety company
2. Signed by surety company's authorized representative
3. Signed by taxpayer's authorized representative
4. Effective date included
5. A valid Power of Attorney letter issued by the surety company.

**CHECK ONLY ONE TAX TYPE PER SURETY BOND**

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| <input type="checkbox"/> <b>SALES AND USE TAX</b><br>or<br><input type="checkbox"/> <b>TRANSIENT EMPLOYER-<br/>WITHHOLDING-<br/>UNEMPLOYMENT TAX</b><br>Taxation Division<br>PO Box 357<br>Jefferson City MO 65105-0357 | <input type="checkbox"/> <b>MOTOR FUEL TAX</b><br>Taxation Division<br>PO Box 300<br>Jefferson City MO 65105-0300<br><br><b>Motor Fuel license type:</b><br><input type="checkbox"/> Supplier/Permissive Supplier<br><input type="checkbox"/> Distributor<br><input type="checkbox"/> Terminal Operator<br><input type="checkbox"/> Transporter | <input type="checkbox"/> <b>CIGARETTE TAX</b><br>Taxation Division<br>PO Box 811<br>Jefferson City MO 65105-0811 | <input type="checkbox"/> <b>OTHER TOBACCO PRODUCTS</b><br>Taxation Division<br>PO Box 3320<br>Jefferson City Mo 65105-3320 |
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AMOUNT (U.S. CURRENCY)	BOND NUMBER	DATE OF ISSUANCE
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AT THE REQUEST OF TAXPAYER/BUSINESS (OWNER'S NAME (INCLUDES SPOUSE IF LISTED ON APPLICATION,)) ALL PARTNERS, CORPORATION, OR LLC NAME)

TAXPAYER/BUSINESS OWNER'S ADDRESS	CITY
COUNTY	STATE AND ZIP CODE

\_\_\_\_\_ (Issuer) hereby issues this Surety Bond (Bond) in favor of the Missouri Department of Revenue (Department), in the aggregate sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_). This Bond shall secure the payment of the above indicated tax and related fees, interest, additions to tax, and penalties due the state of Missouri or the Department on or after the date of this Bond.

The funds shall be paid to the Department upon a written demand for payment on the Issuer by referencing this Bond. The demand for any payment shall be sent by U.S. Mail. The Issuer shall upon receipt honor all partial or full demands for payment and make payment to the Department within thirty (30) days of receipt of the demand.

The Surety may cancel the Bond by delivering sixty (60) days written notice to the Department. Any election to cancel this Bond shall not relieve, release, or discharge the Issuer from any liability for the indicated taxes, related fees, interest, additions to tax, and penalties of the Taxpayer/Business that may accrue for all periods prior to the cancellation of the Bond.

The Department shall have a period of one year after the expiration or cancellation date of the sales, use, transient employer withholding and unemployment tax Bond to make a demand for payment upon the Issuer.

The Department shall have a period of 3 years after the expiration or cancellation date of the motor fuel, cigarette and other tobacco products tax Bond to make a demand for payment upon the issuer.

This agreement 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. The Issuer understands and agrees that the surety shall be liable for prejudgment interest and attorney fees if it breaches its obligations under this Bond.

The person signing this Bond states that he or she has the legal authority to enter into this Bond and to legally bind the Taxpayer/Business below.

SURETY NAME	SURETY PHONE NUMBER (____) _____	SURETY COMPANY CERTIFICATE OF AUTHORITY NUMBER
SURETY ADDRESS	SIGNATURE OF SURETY OFFICIAL	
SURETY CITY, STATE, ZIP CODE	SURETY OFFICIAL'S NAME AND TITLE (TYPED OR PRINTED)	

THE FOLLOWING AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION HAS BEEN SET FORTH AT THE REQUEST OF THE MISSOURI DEPARTMENT OF REVENUE AND DOES NOT CONSTITUTE A PART OF, OR AN EXHIBIT TO, THE SURETY BOND.

MISSOURI DEPARTMENT OF REVENUE

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I hereby authorize release of confidential tax information to the issuing Surety Company listed above for the purpose of making demand for payment on the Surety Bond Number listed above as long as the obligation remains in force and effect. Release of this information to the named surety company does not give the surety company authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax information that is necessary for making demand for or receiving such payment. By signing this Authorization, I state that I have the legal authority to bind the taxpayer/business below.

In witness whereof, this taxpayer/business duly executed the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

TAXPAYER/BUSINESS (OWNER, PARTNER, CORPORATE OFFICER OR MEMBER)	TITLE
SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER, OR MEMBER	PRINT OR TYPE NAME OF PERSON SIGNING THIS RELEASE