



MISSOURI GAMING COMMISSION
 P.O. BOX 1847
 3417 KNIPP DRIVE
 JEFFERSON CITY, MISSOURI 65102
CLAIM FOR REFUND OR CREDIT FORM

FOR COMMISSION USE ONLY
DATE RECEIVED
CLAIM NUMBER

CLAIMANT

This form is submitted by _____, a Class B licensee ("Licensee"), in compliance with 11 CSR 45-11.110, to the Missouri Gaming Commission ("Commission") as a claim for refund or credit for tax or fee liability. In submitting this form, Licensee states the following:

- The tax or fee, penalty or interest, listed below has been paid by reason other than clerical error or mistake on the part of the Commission:
 Gaming Date: _____ Type of Tax or Fee: _____
 Tax or Fee Amount Paid: \$ _____
 Tax or Fee Amount Due: \$ _____
 Amount of Overpayment: \$ _____
 Reason for overpayment: _____
- This claim for refund or credit is being filed in duplicate and amended returns for all periods involved in the overpayment are attached hereto.
- This claim for refund or credit is being filed within three (3) years from the date of overpayment, as determined under 11 CSR 45-11.110(1).
- Pursuant to 11 CSR 45-11.110(2), Licensee is requesting the following action by the Commission (please check one):
 Issuance of a credit memorandum in the amount of overpayment, which may be applied in satisfaction of subsequent tax or fee liability.
 Issuance of a refund on the amount of overpayment. A refund shall only be available if a credit cannot be taken on the next return filed with the Commission.
- Licensee acknowledges that a refund, in accordance with 11 CSR 45-11.110(5)(A), may be made with interest as determined by Section 32.065, RSMo, and that a credit, in accordance with 11 CSR 45-11.110(5)(B), shall be made without interest.

SIGNATURE

The undersigned declares this claim and any attached information supporting the claim is true, complete, and accurate and hereby acknowledges that, in accordance with Sections 313.812.14(1), and 313.830.4, RSMo, any holder of a Missouri gaming license who knowingly makes a false statement to the Commission, its agents, or employees is subject to discipline, including but not limited to fine, suspension, and revocation.

_____	_____
(NAME)	(SIGNATURE)
_____	_____
(POSITION)	(DATE)

FOR COMMISSION USE ONLY

COMMISSION ACTION

Upon review of this claim and any attached information supporting the claim, the Commission has taken the following action:

Approval Of The Claim In The Following Amounts: Refund/Credit Total: \$ _____

Denial Of Claim: A request for a hearing to review a denial may be filed within 30-days from the date of denial. The hearing would be governed by 11 CSR 45-13.

Explanation: _____

(AUTHORIZED SIGNATURE) (DATE)