



(Office Use Only)

The political subdivision of _____, Missouri, pursuant to the provisions of Section 32.057 and Chapter 149, RSMo, formally requests information pertaining to the administration, collection, and enforcement of its cigarette tax.

Note: This request does not have to be renewed each year. Submit a new form only if a change is being requested regarding authorized individuals, mailing address, shipping method, or if you are requesting cancellation of information.

Please indicate the delivery service shipping method, account number, and frequency below.

Delivery Service: (Select One)	Account Number
<input type="checkbox"/> DHL	_____
<input type="checkbox"/> Federal Express	_____
<input type="checkbox"/> Next Day Air	_____
<input type="checkbox"/> UPS	_____
<input type="checkbox"/> US Postal Service	If selected, city must furnish prepaid or stamped envelopes.
<input type="checkbox"/> Other	_____

Frequency: Monthly Quarterly Semi-Annually Annually
(Select One)

Cancellation Request

We no longer wish to receive cigarette tax information.

Important: You must attach a copy of your cigarette tax ordinance.

Authorized Individuals Receiving Reports	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _
	Print Name	Signature Of Authorized Individual	Date (MM/DD/YYYY) _ / _ / _

Mailing Address

Political Subdivision		Phone Number (____) _____ - _____	
Street	City	State	ZIP Code

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. As chief executive of this political subdivision, I authorize and hereby confirm that the individual(s) named above will receive information on behalf of the political subdivision. We have reviewed and will comply with [Chapter 149, RSMo](#) and [Section 32.057, RSMo](#), pertaining to the strict confidentiality of all records of the Missouri Department of Revenue to which access has been granted.

Signature of Mayor or Presiding Commissioner	Title
Printed Name	Date (MM/DD/YYYY) ____/____/____

Instructions

Section 32.057, RSMo, allows the Missouri Department of Revenue to release cigarette tax information to any employee of any political subdivisions that have imposed a cigarette tax. It is important to note that this tax information is confidential and may only be used according to the provisions of Section 32.057, RSMo.

To receive this tax information, the chief executive of your political subdivision (mayor or presiding commissioner) must approve and sign the Request for Cigarette Tax Records (Form 4592). This form must be fully completed before a request will be processed. If this form is not properly completed, the Department will return it for the additional information. Please note that no fee is charged for records, but the requestor is responsible for all postage and handling charges.

The Request for Cigarette Tax Records (Form 4592) is valid until a request is received in writing indicating that the political subdivision no longer wishes to receive the information. The Department will automatically process the request in the report frequency indicated on the form. For contact purposes, indicate an authorized person and telephone number. The requested information will be sent directly to the authorized personnel as indicated on the form.

Please return the completed form to the address listed below.

