



Missouri Department of Revenue  
Offer in Compromise Waiver

Department Use Only  
(MM/DD/YY)

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Missouri Tax I.D.  
Number

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Federal Employer  
I.D. Number

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Social Security  
Number

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Taxpayer Information

Name		Phone Number (____) _____ - _____	
Address			
City	State	ZIP Code	

Signature

In connection with the above-named individual's, company's, or organization's offer in compromise request to the Missouri Department of Revenue, relating to the Missouri Department of Economic Development's (DED) Tax Credit Penalties imposed under [Section 135.810, RSMo](#), I am signing this waiver to permit the Department to release otherwise confidential tax information about the individual, company, or organization to appropriate officials of DED. This waiver is limited to all information pertaining to any tax period within the current and past three calendar years, and any information pertaining to the offer in compromise.

I am authorized to sign this document as the individual or as an officer, partner, or owner of the company or organization. This authorization shall be effective from this date and shall expire upon final determination as to the offer in compromise submitted contemporaneously with this waiver.

The Director of Revenue and the Department's personnel are hereby released from any and all liability under [Section 32.057, RSMo](#), or any other applicable confidentiality statute, related to the unauthorized disclosures of confidential tax information resulting from the release of information to DED.

Under penalty of perjury, I declare that I have examined this authorization and, to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the individual or owner, this declaration is based on all information of which the undersigned has any knowledge.

Signature	Title
Printed Name	Date (MM/DD/YYYY) ____/____/____

Form 5237 (Revised 12-2014)

**Mail to:** Taxation Division  
P.O. Box 27  
Jefferson City, MO 65105-0027

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**Phone:** (573) 751-4541  
**Fax:** (573) 522-8619  
**E-mail:** [taxcredit@dor.mo.gov](mailto:taxcredit@dor.mo.gov)

Personal Tax  
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**Fax:** (573) 522-8619  
**E-mail:** [taxcredit@dor.mo.gov](mailto:taxcredit@dor.mo.gov)

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