



MISSOURI DEPARTMENT OF REVENUE
 CENTRAL PROCESSING BUREAU
 CENTRAL REGISTRATION SECTION
 P.O. BOX 3300, JEFFERSON CITY, MISSOURI 65105-3300
TRANSIENT EMPLOYER CASH BOND

FORM
2982
 (REV. 7-88)

REQUIREMENTS FOR COMPLETING FORM:

1. Form must be properly completed.
2. Signed by applicant.
3. Must be notarized.
4. **NO** personal or company checks will be accepted.

KNOW ALL MEN BY THESE PRESENTS:

OWNER'S NAME

BUSINESS NAME

COUNTY

STATE

We, as principal, hereby file with the Missouri Department of Revenue this Transient Employer Cash Bond and the attached Cashier's Check or Money Order in the amount of _____
 (\$ _____).

We understand that we are required to comply with all provisions of the Missouri Employer Withholding Tax Law, the Workers' Compensation Law; the Missouri Employment Security Law and all amendments thereto.

We understand that whenever we cease to engage in activity within the state it shall be our duty to notify the Director of Revenue in writing at least ten (10) days prior to the time discontinuance takes effect. We understand that we will be released from the bonding requirement conditioned upon the faithful compliance with all of the provisions of chapters 143, 287 and 288, RSMo., pertaining to the Missouri Employer Withholding Tax Law, the Workers' Compensation Law, the Employment Security Law and all amendments thereto.

if we become delinquent and owe the State of Missouri any tax or other payments, penalties or interest under the provisions of the Missouri Withholding Tax Law; the Workers' Compensation Law; the Missouri Employment Security Law and all amendments thereto, the Director of Revenue may forfeit this bond and apply it to any unpaid delinquencies or claims. Should this occur, we understand that we may be required to file any additional bond set forth by Section 285.230 RSMo., Supp. 1988.

WITNESS OUR HANDS AT

, MISSOURI

ON THIS

DAY OF

, 19

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

NOTARY

NOTARY PUBLIC EMBOSSEER SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

19

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)



MISSOURI DEPARTMENT OF REVENUE
CENTRAL PROCESSING BUREAU
P.O. BOX 3300
JEFFERSON CITY, MISSOURI 65105-3300
TRANSIENT EMPLOYER SURETY BOND

FORM 2981 (REV 8-88)	REQUIREMENTS FOR COMPLETING FORM
	1. Issued by licensed insurance co. 2. Signed by Attorney-In Fact 3. Signed by applicant 4. Must bear insurance company seal 5. Must have effective date 6. Must be accompanied by a valid Power of Attorney letter

BOND NUMBER

KNOW ALL MEN BY THESE PRESENTS:

That I/We _____
OWNER'S NAME BUSINESS NAME
 of _____ County, State of _____

as principal, and _____
 a corporation duly licensed for the purpose of making, guaranteeing or becoming sole surety upon bonds required or authorized by the laws of the State of Missouri, as surety, are held and firmly bound unto the STATE OF MISSOURI in the penal sum of _____

DOLLARS (\$ _____), lawful money of the United States, to be paid to the State of Missouri, or to the Director of Revenue of the State of Missouri, for which sums of money, well and truly to be paid, we bind ourselves, our heirs, successors, assigns, executors, and administrators, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE FOREGOING OBLIGATION IS SUCH THAT,

WHEREAS, the said principal has applied for, or has obtained a Missouri Employer Withholding Identification Number to deduct and withhold taxable wages and will be subject to the Missouri Withholding Tax Law; the Workers' Compensation Law, the Employment Security Law; and all amendments lawfully adopted in relation thereto.

NOW THEREFORE, if said principal shall well and truly comply with all the provisions of said laws and any amendments thereto, and in particular pay all taxes, claims, interest and penalties promptly when due, then this obligation shall be null and void; otherwise to remain in full force and effect.

If said principal is delinquent the Missouri Department of Revenue will notify said surety. Surety than has thirty (30) days in which to make payment or contact Missouri Department of Revenue stating reasons payment has not been made.

The said principal authorizes the release of confidential tax information to said surety as long as this obligation remains in force and effect; releasing personnel from the Department of Revenue and Department of Labor and Industrial Relations from any and all liability for any disclosures to said surety of confidential tax information resulting from release of subject information under Section 32.057, 287.380, 288.250 and supplement thereto.

This obligation shall remain in force and effect until the transient employer ceases to engage in activity within the state or until the Director of Revenue releases said principal from the bonding requirement as set forth by Section 285.230 RSMo., Supp. 1988. The surety may cancel the bond and be released of further liability hereunder by delivering sixty (60) days written notice to the Director of Revenue. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of sixty (60) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____
 day of _____ A.D. 19 _____. To be effective on the _____
 day of _____ A.D. 19 _____.

SURETY NAME AND TITLE SURETY'S STREET ADDRESS OR P.O. BOX CITY, STATE, ZIP CODE SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER OF BUSINESS	ATTEST: (SEAL)
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MO 860-2076 (8-88)

ACKNOWLEDGEMENT BY PRINCIPAL - FORM 2981

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INDIVIDUAL

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	ON THIS	BEFORE ME	
			DAY OF	19	
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED		
	NAME OF INDIVIDUAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN		
	TYPE OF DOCUMENT	AND ACKNOWLEDGES TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED			
	NOTARY PUBLIC SIGNATURE				
MY COMMISSION EXPIRES	USE RUBBER STAMP HERE ▶				

PARTNERSHIP

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	ON THIS	BEFORE ME	
			DAY OF	19	
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED		
	NAME OF INDIVIDUAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN		
	TYPE OF DOCUMENT	AND ACKNOWLEDGES TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED			
	NOTARY PUBLIC SIGNATURE				
MY COMMISSION EXPIRES	USE RUBBER STAMP HERE ▶				

CORPORATION

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	ON THIS	BEFORE ME	
			DAY OF	19	
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED		
	NAME OF INDIVIDUAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN		
	TYPE OF DOCUMENT	AND ACKNOWLEDGES TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED			
	NOTARY PUBLIC SIGNATURE				
MY COMMISSION EXPIRES	USE RUBBER STAMP HERE ▶				

MO 860-2076 (8-88)



MISSOURI DEPARTMENT OF REVENUE
 CENTRAL PROCESSING BUREAU
 CENTRAL REGISTRATION SECTION
 P.O. BOX 3300, JEFFERSON CITY, MO 65105-3300
**TRANSIENT EMPLOYER IRREVOCABLE
 LETTER OF CREDIT**

FORM 2980 (REV. 7-88)	REQUIREMENTS FOR COMPLETING FORM 1. Issued by any state or Federal financial institution 2. Signed by bank official 3. Signed by applicant 4. Must be notarized 5. Authorization for Release of Confidential Information must be completed (See reverse side of this form)
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AMOUNT (U.S. CURRENCY) \$	LETTER OF CREDIT NUMBER	DATE OF ISSUANCE
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AT THE REQUEST OF (OWNER'S NAME)

DOING BUSINESS AS

OF (COUNTY)	STATE OF
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We hereby issue our irrevocable letter of credit, in favor of the state of Missouri in the sum of _____ dollars (\$ _____) available by your demand for payment.

Demands under this irrevocable letter of credit must be accompanied by a statement of delinquent taxes or claims, penalties and interest due under the provisions of the Missouri Employer Withholding Tax Law; the Workers' Compensation Law; the Missouri Employment Security Law and all amendments thereto; and marked "drawn against irrevocable letter of credit number _____".

This obligation shall be deemed automatically renewed on an annual basis for a period of not less than one (1) year from the date of this letter. This credit will expire in full and finally 2 years from the date of issuance. The issuing banking institution may cancel the letter of credit and be released of future liability hereunder by delivering sixty (60) days prior written notice to the Department of Revenue at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the sixty (60) day period.

Upon receipt of said notification the Missouri Department of Revenue may make one demand for payment, for the unused balance of this irrevocable letter of credit, mentioning thereon our letter of credit number _____ accompanied by its signed statement that the agreement is still outstanding and that the proceeds of the payment will be retained and used in lieu of the letter of credit with any unused portion to be returned to the taxpayer.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

In witness whereof, we have duly executed the foregoing this _____ day of _____ 19 ____ .

ISSUING BANK INSTITUTION	ADDRESS	CITY, STATE, ZIP CODE
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BANK ROUTING TRANSIT NUMBER	BY: SIGNATURE AND TITLE OF BANK OFFICIAL
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NOTARY PUBLIC			
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)	ON THIS _____ DAY OF _____ 19 ____ BEFORE ME
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED
	NAME OF INDIVIDUAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN
	TYPE OF DOCUMENT	AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED	
	NOTARY PUBLIC SIGNATURE		
	MY COMMISSION EXPIRES	USE RUBBER STAMP HERE	

MO 860-2077 (7-88)



MISSOURI DEPARTMENT OF REVENUE
**AUTHORIZATION FOR RELEASE
 OF CONFIDENTIAL INFORMATION**

FORM 2980 (REV. 7-88)

I hereby authorize release of confidential information to _____ for
(BANKING INSTITUTION)
 the purpose of making demand for payment on letter of credit number _____ as
 long as the obligation remains in force and effect. Release of this information to the named
 banking institution does not give the banking institution authority to request information other
 than information concerning the delinquent periods or claims for which a demand for payment
 is being made. I also release personnel from the Department of Revenue and Department
 of Labor and Industrial Relations from any and all liability for any disclosure to this banking
 institution of confidential information resulting from release of subject information under
 Section 032.057, 287.380, 288.250 and supplemental thereto.

In witness whereof I, (WE), have duly executed the foregoing this _____ day of
 _____ 19 ____ .

OWNER	TITLE
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OWNER/OFFICER SIGNATURE

NOTARY PUBLIC		
<small>NOTARY PUBLIC EMBOSSEER SEAL</small>	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

MO 860-2077 (7-88)