



**DIVISION OF  
EMPLOYMENT  
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**TRANSFERRED CONSUMER REGISTRATION**  
**(Consumers Previously with Another Vendor)**

421 East Dunklin Street  
P.O. Box 59  
Jefferson City, MO 65104-0059  
573-751-1995  
www.labor.mo.gov/DES

This form can be submitted to the Division via email at [CDSTAX@labor.mo.gov](mailto:CDSTAX@labor.mo.gov). For questions please call 573-751-1995.

Vendor	Vendor FEIN
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*CONSUMER	SUTA NO.	FEDERAL TAX ID	SOCIAL SECURITY NO.	1ST DATE PAID WAGES

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**IMPORTANT:** If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.  
**¡IMPORTANTE!** Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.

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