Form REVENUE 5378 Agreement to F		ansfer		
Missouri Tax I.D. Number		Federal Employer		
Primary Taxpayer Social Security		Secondary Taxpayer		
Number		Number		
Please complete this form and return Sales and Use Tax Taxation Division P.O. Box 3350 Jefferson City, MO 65105-3350 Phone: (573) 526-9938 Fax: (573) 751-9409 E-mail: salesrefund@dor.mo.gov	Motor Fuel Tax Taxation Division P.O. Box 300 Jefferson City, MO 65105-0300 Phone: (573) 751-2611 Fax: (573) 522-1720 E-mail: <u>excise@dor.mo.gov</u>	Cigarette Tax and Other Tobacco Products Tax Taxation Division 0 P.O. Box 811 Jefferson City, MO 65105-0811 Phone: (573) 751-7163 Fax: (573) 522-1720 E-mail: dor.tobacco@dor.mo.	Financial Institutions and Insurance Taxes Taxation Division P.O. Box 898 Jefferson City, MO 65105-0898 Phone: (573) 751-2326 Fax: (573) 522-1721	
Withholding Tax Taxation Division P.O. Box 3375 Jefferson City, MO 65105-3375 Phone: (573) 751-8750 Fax: (573) 522-6816 E-mail: withholding@dor.mo.gov	Phone: (573) 751-4541 Fax: (573) 522-1721	Business Tax Registration Bond Taxation Division P.O. Box 357 Jefferson City, MO 65105-0357 Phone: (573) 751-5860 Fax: (573) 522-1722 E-mail: <u>businesstaxregister@dor.m</u>	Individual or Partnership Tax Taxation Division P.O. Box 2200 Jefferson City, MO 65105-2200 Phone: (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov	
Pass-Through Entity Tax Taxation Division P.O. Box 3080 Jefferson City, MO 65105-3080 Phone: (573) 751-5860 Fax: (573) 522-1721 E-mail: corporate@dor.mo.gov	Fiduciary Tax Taxation Division P.O. Box 3815 Jefferson City, MO 65105-3815 Phone: (573)751-1467 Fax: (573) 522-1762 Email: <u>dor.fiduciary@dor.mo.go</u>	<u>v</u>		
Company or Individual (Payee) Information				

	ment (Select One)		Tax Period		
New	Change	Cancel			
Name					
Address			City	State	ZIP Code



Financial Institution (Banking) Information

We acknowledge that the Department of Revenue reserves the right to refund by check or other means as it deems necessary. The undersigned designate the following as the account to which the Department should credit ACH the refund. See instructions on Page 3.

1. Financial Institution Name					
Address	City	State	ZIP Code		
2. Company Account Name					
3. ABA Routing Number	4. Account Number	Checkir	ng 🔲 Savings		

Include a voided check or letter from the financial institution as verification of the above information.

Signature
Two (2) company official authorized signatures are required or the primary and secondary taxpayer, if applicable. If your banking information changes following the submission of this form, you must submit an updated Form 5378 to ensure your payment is deposited in the appropriate account.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Company Official/Primary Taxpayer Signature		Company Official/Primary Taypayer Printed Name	
Title	E-mail Address		
Telephone Number	Fax Number		Date Signed (MM/DD/YYYY)
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Company Official/Secondary Taxpayer Signature		Company Official/Secondary Taxpayer Printed Name		
Title	E-mail Address	<u> </u>		
Telephone Number	Fax Number		Date Signed (MM/DD/YYYY)	
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Department Use Only				
Signature	Title	Date (MM/DD/YYYY)		
		/ /		



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Ever served on active duty in the United States Armed Forces?

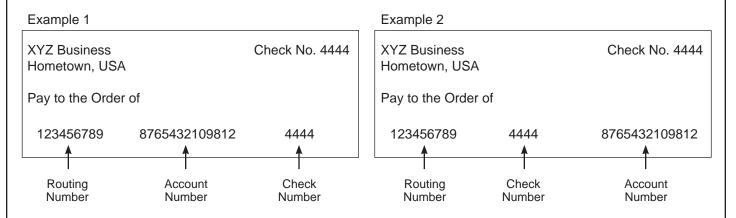
If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.

ACH Transfer Agreement Instructions

To provide more security, the Department of Revenue will send large dollar refunds via ACH (Automated Clearing House) transfer.

Financial Institution (Banking) Information

- 1. Financial Institution Name and Address: Enter your financial institution's name and address.
- 2. Account Name: Enter your account name at the financial institution.
- 3. ABA Routing Number: Enter your routing number which is printed on the bottom left hand portion of your business checks. See Examples 1 and 2 below. Verify with your financial institution the correct routing number to use for ACH deposits. Your financial institution may use different routing numbers for checks, ACH deposits, and wire deposits.
- 4. Account Number: Enter your account number at your financial institution, which is printed on the bottom of your business checks, following the routing number. It may be the first series of digits after the routing number, followed by the check number (Example 1 below), or it may be the series of digits which follow the check number (Example 2 below). The check number is not included in the depositor account number. (Include a voided check or a letter from the financial institution as verification of the above information.)



Please verify your company account name, ABA routing number, and account number with your financial institution.

Signature

We require two (2) authorized company official signatures. Include the official's title.

Improper Completion

The form will be <u>returned</u> if the agreement:

- (1) Does not contain two (2) authorized signatures, when applicable;
- (2) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (3) Is not properly completed;
- (4) Has an invalid account number or bank information; or
- (5) Copy of voided check is not included.

Please return the completed agreement to the Missouri Department of Revenue, Taxation Division, at the address, fax number, or e-mail address shown on the form.



Form 5378 (Revised 02-2024)