

Missouri Tax I.D. Number	Federal Employer I.D. Number						
Primary Taxpayer Social Security Number	Secondary Taxpayer Social Security Number						
Please complete this form and return using one of the mo	ethods listed below. Select one box for the approp	oriate tax type					
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, I Phone: (573) 7 Fax: (573) 526-9938 E-mail: excise	Taxation Division MO 65105-0300 P.O. Box 811 51-2611 Jefferson City, MO 65105-081 Phone: (573) 751-7163	Insuran Taxation P.O. Bo Jefferso Phone: Fax: (5	al Institutions and ce Taxes n Division ox 898 on City, MO 6510 (573) 751-2326 73) 522-1721 fit@dor.mo.gov	05-0898			
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 Corporate Tax Taxation Division P.O. Box 3365 Jefferson City, MO Phone: (573) 751-8750 Phone: (573) 751-8750 Fax: (573) 522-172 E-mail: corporate	Phone: (573) 751-5860 Fax: (573) 522-1722	Taxat P.O. I Jeffer Phon Fax: (dual or Partnersh ion Division 3ox 2200 son City, MO 65 e: (573) 751-350 (573) 522-1762 il: income@dor	105-2200 05			
Pass-Through Entity Tax Taxation Division P.O. Box 3080 Jefferson City, MO 65105-3080 Phone: (573) 751-5860 Phas: (573) 522-1721 E-mail: corporate@dor.mo.gov Fiduciary Tax Taxation Division P.O. Box 3815 Jefferson City, MO Phone: (573)751-1 Fax: (573) 522-176 Email: dor.fiducia	467 2						
Company or Individual (Payee) Information							
Type of Agreement (Select One) New Change Cancel	Tax Period						
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			Checking Savings			
Include a voided check or letter t	from the financ	ial institution as verification of	the above	information.			
		N					
Two (2) company official authorized signatures are changes following the submission of this form, appropriate account. Under penalties of perjury, I declare that the above into	e required or the you must subm	it an updated Form 5378 to ens	ure your pa	ayment is deposited in the			
Company Official/Primary Taxpayer Signature		Company Official/Primary Taypayer Printed Name					
Title	E-mail Address						
Telephone Number	Fax Number Da		Date Signed	Date Signed (MM/DD/YYYY)			
()	()		/	_/			
Company Official/Secondary Taxpayer Signature		Company Official/Secondary Taxpayer F	Printed Name				
Title	E-mail Address						
Telephone Number	Fax Number D		Date Signed	Date Signed (MM/DD/YYYY)			
()	())					
Department Use Only							
Signature	Title			Date (MM/DD/YYYY)			



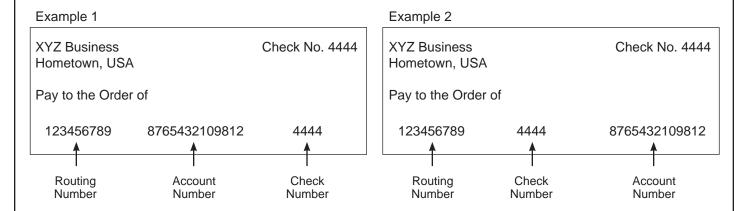
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ACH Transfer Agreement Instructions

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.



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