## Form 5379

## Missouri Department of Revenue Motor Vehicle Registration and Tax Clearance Authorization and Release for Contractors and Officers Upon Agency Request

	p.o, oao.	uncauom	Number			Missouri Lax I	dentifica	tion or Exempti	on Num	ber	Charte	or Certificate	e of Authority Number		
Contrac	ctor's Doing Bus	iness As	(DBA) N	lame											
Mailing	Address							0: 0: 7:	0 1						
Mailing	Address							City, State, Zip Code							
L egal N	lame of Contrac	tor Filed	With IRS	for the	· Tax ID Ni	ımber Listed Abo	ove								
_0gu							,,,								
IRS For	rm 1099 Mailing	Address						City, State, Zip	Code						
Contact	t Person							ı							
E-mail A	Address							Number		Fax Number					
							(	)				()	<u></u>		
additor Year	Make and M		•	Vehic	cle Identific	ation Number or	Missour	i Title Number		Co-O	wner Na	ame, if applical	ble (First, MI, Last)		
Year	Make and Me	odel		Vehic	cle Identific	ation Number or	Missour	ri Title Number Co-Owner Name, if a				ame, if applical	ble (First, MI, Last)		
Year	Make and Me	odel		Vehic	cle Identific	ation Number or	Missour	ri Title Number Co-Owner Name, if applie					ble (First, MI, Last)		
Year	Make and Me	odel		Vehic	cle Identific	ation Number or	Missour	issouri Title Number			Co-Owner Name, if applicable (First, MI, Last)				
officer.	•	itonal p	ages, i	,	ded. Eac	ontractor and			ete Se	ction	2 of th	•	the sole proprietor as		
		,,, <u>_</u>	,							o.,,					
	u own a bus e offices for v						ling ret	turns and pa	ying a	ny of	the fo	llowing Mis	souri taxes? Include		
license		which yo	ou are	curre	ntly the c			_					souri taxes? Include		

	Busine	ss #1 Does the busin	ness have	employe	es?	Yes		No						
	Federa	Employer Identification Number	ssouri Tax Identification or Exemption Num						Charter or Certificate	of Authority Number				
	Pusings	s Information, Doing Business A	a (DBA) Nam	DA) Name			110	and Name of	f Pusing	 ness, Filed With IRS for the Tax ID Number Listed Abo				
	busines	s information, Doing Business A	is (DBA) Nam	е			Le	egai Name oi	Dusine	2SS, FII6	ed with IRS for the Ta	X ID Number Listed Above		
	IRS For	m 1099 Mailing Address	City, State	City, State, Zip Code										
	Contact	Person		E-mail A				E-mail Addr	ess					
	Phone I	Number		Fa				Fax Number	r					
	(	)	(			(								
	Year	Make and Model	Vehicle Iden	entification Number or Missouri Title Number					Co-Owner Name, if applicable (First, MI, Last)					
	Year	Make and Model	Vehicle Iden	ehicle Identification Number or Missouri Titl				le Number Co-Owner			wner Name, if applicab	er Name, if applicable (First, MI, Last)		
per	Year	Make and Model	Vehicle Iden	ehicle Identification Number or Missouri Tit				le Number Co-Own			wner Name, if applicab	le (First, MI, Last)		
Section 1 - Continued	Year	Year Make and Model Vehicle Identification Number or Miss								Co-Ov	wner Name, if applicab	le (First, MI, Last)		
on 1 - C	Busine	Business #2 Does the business have employees? Tyes No												
ectic	Federa	Federal Employer Identification Number Missouri Tax Identification or Exemption Number Charter or Certificate of Authority Number												
S	Business Information, Doing Business As (DBA) Name  Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above													
	IRS Form 1099 Mailing Address City, State, Zip Code													
	Contact	Person				E-mail Addr	ess							
	Phone I	Number ) <b>-</b>		Fax Number ()					·					
	Year	Make and Model	Vehicle Iden	entification Number or Missouri Title Numb				le Number	ber Co-Owner Name, if applicable (First, MI, Last)					
	Year	Make and Model	Vehicle Iden	entification Number or Missouri Title N				e Number Co-Owner Na			wner Name, if applicab	le (First, MI, Last)		
	Year	Make and Model	Vehicle Iden	ntification Number or Missouri Tit			ri Titl	le Number		Co-Owner Name, if applicable (First, MI, Last)				
	Year	Make and Model	Vehicle Iden	tification N	lumber o	r Missoui	ri Titl	le Number		Co-Owner Name, if applicable (First, MI, Last)				
Signature(s)	Depai includ the cc vehicl or co- units a perso any al autho delive the fa	authorized signatory for the trment of Revenue (Departning, but not limited to, individent actor and to any corporatives, trailers, ATVs, vessels, a owns for proper registration as well as those units leased and property taxes on such lead all liability or responsibility rization reflected on this Sectored in writing to the Departments stated herein are true and rized Signature	nent) to che dual income ons, partner nd outboard and any ou by the contrased units. In the condition 1 shall reent. A copy diaccurate to	ck for co tax, corpo ships or c motors (i tstanding ractor or b I do herel uct of any emain in f of this au o the best	mpliance taxed and the sales a cousiness by releated and the sales are such clull force thorized at of my k	e for at c, sales es for wat the c and use s, if the c se the E heck or and efform shall form shall form shall consider the consideration of the consideration of	lea and hich contr tax Depa inve ect u nall ge a	st the last use tax, who the contral actor and a delinquence tractor or be artment, an estigation at until such tithave the sand belief.	five yeithhold actor is any buscies; arusiness d other me as ame effor Print of the print or Print of the print	ears of the distribution o	of the: (1) Federal at ax, and employment consible; (2) title and it for which the contral property tax paymes sponsible for the regions, firms, corporationsure of any informations the original. I sole	and Missouri tax records security tax pertaining to registration records on all actor is responsible owns ent records on the above gistration and payment of ons, and institutions from tion relating thereto. The en of such authorization is		
ė,	The D	epartment of Revenue tax co	ompliance re	view has	been co	onducte	d.							
Department Use		ure						e (MM/DD/	YYYY)					
rtme	The m	otor vehicle and registration	records and	the ners	onal pro	nerty ta	χ re	cords for th	ne vehi	cles li	sted above have be	en verified		
Depa		ure		•	•						_//			

C	Officer's Full Name			Title			Date of Birth (MM/DD/YYYY)					
N	Mailing	Address		City, State, Zip C	ode							
E	E-mail <i>A</i>	Address										
etors).	Social S	Security Number	Home Phone Num	ber		Fax Number	Cell Phone Number					
propri	Spouse	s Name, if married and filing join		<del>-</del>		()			Spouse's Date of Birth (MM/DD/YYYY)			
elos gu	Spouse	's Mailing Address (if different)			Spc	ouse's City, State, Zip	different)					
ncludin 	Spouse	's E-mail Address (if different)			Spc	ouse's Social Security	Sp	pouse's Cell Phone Number (if different)				
tors (i	et all n	notor vahiolas trailars all-t	arrain vehicles v	vessels and out	hoai	rd motors you own	or co-c	(_	are required to be titled in Missouri.			
Sontrac	so list								xes on the units. Attach additional			
of all o	ear	Make and Model	Vehicle Identification	on Number or Miss	ouri T	Title Number	Co-Owr	ner Name,	if applicable (First, MI, Last)			
officers	ear	Make and Model	Vehicle Identification	on Number or Miss	ouri ¯	Title Number	Co-Owr	ner Name,	if applicable (First, MI, Last)			
siding (	ear	Make and Model	Vehicle Identification	on Number or Miss	ouri ¯	Title Number	Co-Owr	ner Name,	e, if applicable (First, MI, Last)			
and pre	ear	Make and Model	Vehicle Identification	on Number or Miss	ouri T	Title Number	Co-Owr	if applicable (First, MI, Last)				
icers (	0 7011	own a husiness or are you	, an officer of a	husiness for wh	ich :	vou are responsibl	le for fil	lina retu	rns and paying any of the following			
s to off W	issour	i taxes? (Include any licens	e offices for whic		ntly t	the contractor.)			Iding Tax? Yes No			
d applie ove	Yes to	any of the above, comple	ete the information, co-owned, or le	on below for eac eased by the bu	ch b	usiness owned and	d for ea	ach moto	or vehicle, trailer, all-terrain vehicle, for the registration and payment of			
nplete	usines		ness have empl	_	_	_						
ust con	ederal	Employer Identification Number		Missouri Tax Ident	ificat	tion or Exemption Num	ber	Charter or Certificate of Authority Number				
ctor m	Busines	s Information, Doing Business As	s (DBA) Name			Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above						
Contra	RS For	m 1099 Mailing Address	City, S	State, Zip Code								
r of the	Contact	Person				E-mail Address						
Each Officer of the Contractor must com	hone N	lumber				Fax Number						
	ear	Make and Model	Vehicle Identification	on Number or Miss	()	Co-Owr	ner Name.	if applicable (First, MI, Last)				
tion 2												
Se	ear	Make and Model	venicie identificatio	on Number or Miss	ouri	Tille Number			if applicable (First, MI, Last)			
Y	ear	Make and Model	Vehicle Identification	on Number or Miss	ouri <sup>-</sup>	Title Number	Co-Owr	ner Name,	if applicable (First, MI, Last)			
Y	ear	Make and Model	Vehicle Identification	on Number or Miss	Title Number	if applicable (First, MI, Last)						

1	Busines	ss #2 Does the busi	ness have	empl	loyees?	Yes [	No							
	Federal Employer Identification Number Missouri Tax Identification or Exemption								lumber	Charter or Certificat	te of Authority Numbe	er		
							_							
	Busines	s Information, Doing Business A	s (DBA) Nan	ne		Legal Name of Business, Filed With IRS for the Tax ID Number L								
	IRS For	m 1099 Mailing Address		City,	State, Zip C	Code								
	Contact Person							E-mail Address						
	Phone Number						Fax N	umber						
1	() <del>-</del>							)						
7 1011000	Year	Year Make and Model Vehicle Identification Number or Missouri							Co-	ble (First, MI, Last)				
	Year	Year Make and Model Vehicle Identification Number or Missour							Co-	Co-Owner Name, if applicable (First, MI, Last)				
	Year	Year Make and Model Vehicle Identification Number or Missouri							Co-	Co-Owner Name, if applicable (First, MI, Last)				
	Year Make and Model Vehicle Identification Number or Missouri							ber	Co-	Co-Owner Name, if applicable (First, MI, Last)				
	By my signature at the bottom of Section 2 below, I hereby authorize the Missouri Department of Revenue (Department) to check for compliance for at least the last five years: (1) my Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, sales & use tax, withholding tax, and employment security tax pertaining to me personally (and my spouse, if married and filing combined returns) and to any corporations, partnerships or companies of which I am an owner or may be a responsible person or officer; (2) the title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that I and any business for which I am responsible owns or co-owns for proper registration as well as those units leased by the contractor or business, if the contractor or business is responsible for the registration and payment of personal property taxes on such leased unit and any outstanding sales & use tax delinquencies; and (3) my personal property tax payment records on the above units. I do hereby release the Department, and other persons, firms, corporations, and institutions from any and all liability or responsibility in the conduct of any such check or investigation and the disclosure of any information relating thereto. The authorization reflected on this Section 2 shall remain in full force and effect until such time as actual notice of termination of such authorization is delivered in writing to the Department. A copy of this authorized form shall have the same effect as the original. I solemnly swear or affirm that the facts stated herein are true and accurate to the best of my knowledge and belief.  Name (Typed or Printed)													
		rized Signaturese's Name, if applicable (Typ	ed or Printe	ed)						(MM/DD/YYYY)				
	Spous	se's Signature, if applicable							Date	(MM/DD/YYYY)	/			
		epartment of Revenue tax c	•					I/DD ^^	<b>.</b>	,				
		ture								/				
	The m	notor vehicle and registration	records an	d the	personal p	. ,								
	Signat	ture				_ [	Date (MM	1/DD/YY	YY)	/				

Form 5379 (Revised 08-2016)

License Offices Bureau Mail to:

P.O. Box 629

Jefferson City, MO 65105-0629

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