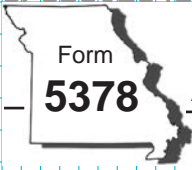


00000000011111111112222222222333333333334444444444555555555556666666666777777777788888888889999999999



Missouri Department of Revenue
Agreement to Receive Refund by ACH Transfer

Missouri Tax I.D. Number [Yellow Box]

Federal Employer I.D. Number [Yellow Box]

Please complete this form and return using one of the methods listed below. Select one box for the appropriate 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, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov
- Cigarette Tax and Other Tobacco Products Tax**
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov
- Financial Institutions and Insurance Taxes**
Taxation Division
P.O. Box 898
Jefferson City, MO 65105-0898
Phone: (573) 751-2326
Fax: (573) 522-1721
E-mail: fit@dor.mo.gov
- 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 65105-3365
Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov
- 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: businesstaxregister@dor.mo.gov

| | | | | |
|----------------|--|--|------|-------------------|
| Company | Type of Agreement (Select One) | | | |
| | <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | | | |
| | Name | | | |
| | Address | | City | State ZIP Code |

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.

| | | | | |
|--|-------------------------|--|-------------------|-------------------|
| Financial Institution | 1. Name | | | |
| | Address | | City | State ZIP Code |
| | 2. Company Account Name | | | |
| | 3. ABA Routing Number | | 4. Account Number | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |

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



0000000001111111111222222222233333333333444444444455555555556666666666777777777788888888889999999999

04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66

Signature

Two (2) company official authorized signatures are required. 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 Signature | Company Official Printed Name |
|----------------------------|-------------------------------|

| | |
|-------|----------------|
| Title | E-mail Address |
|-------|----------------|

| | | |
|--|------------------------------------|--|
| Telephone Number (____) _____ - _____ | Fax Number (____) _____ - _____ | Date Signed (MM/DD/YYYY) ____/____/____ |
|--|------------------------------------|--|

| | |
|----------------------------|-------------------------------|
| Company Official Signature | Company Official Printed Name |
|----------------------------|-------------------------------|

| | |
|-------|----------------|
| Title | E-mail Address |
|-------|----------------|

| | | |
|--|------------------------------------|--|
| Telephone Number (____) _____ - _____ | Fax Number (____) _____ - _____ | Date Signed (MM/DD/YYYY) ____/____/____ |
|--|------------------------------------|--|

Department Use Only

| | | |
|-----------|-------|-------------------------------------|
| Signature | Title | Date (MM/DD/YYYY) ____/____/____ |
|-----------|-------|-------------------------------------|



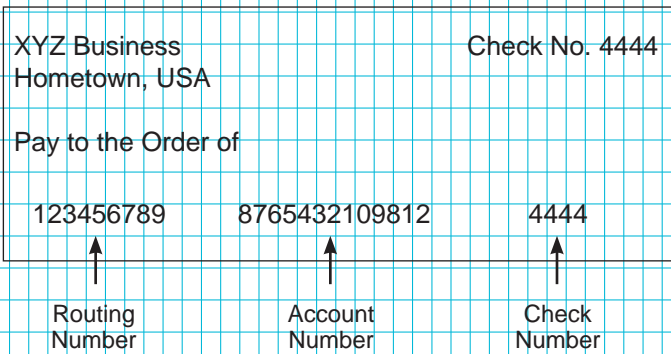
ACH Transfer Agreement Instructions

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

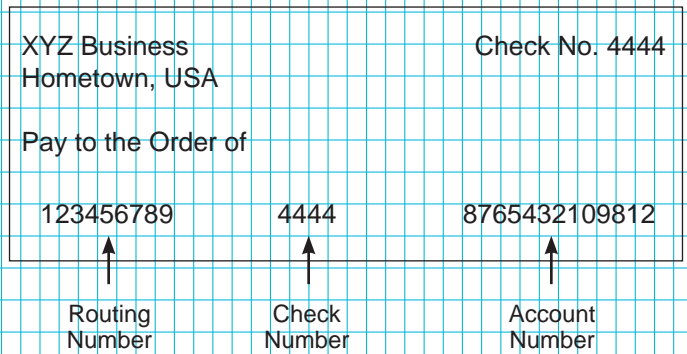
Financial Institution Information

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.)

Example 1



Example 2



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 returned if the agreement:

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

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.

