

Section 1 - Contractor must complete and does not apply to political subdivisions.

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

Federal Employer Identification Number	Missouri Tax Identifica	ation or Exempt	ion Num	ber C	harter or Certificate of Authority Number			
Contractor's Doing Business As (DBA) Name								
Mailing Address City, State, Zip Code								
Legal Name of Contractor Filed With IRS for the Tax ID Num	Legal Name of Contractor Filed With IRS for the Tax ID Number Listed Above							
IRS Form 1099 Mailing Address		City, State, Zip Code						
Contact Person								
E-mail Address	Phone	Number			Fax Number			
	(	)			()			

List all motor vehicles, trailers, all-terrain vehicles, vessels, and outboard motors you own or co-own that are required to be titled in Missouri. Also list all leased units, if you are responsible for the registration and payment of personal property taxes on the units. Attach additonal pages, if needed.

Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)

List each officer (or presiding officer) of the contractor and the officer's title. If a sole proprietorship, list the sole proprietor as an officer. Attach additonal pages, if needed. Each officer must individually complete Section 2 of this form.

Officer's Name (First, MI, Last)	Officer's Title	Officer's Name (First, MI, Last)	Officer's Title

Do you own a business for which you are responsible for filing returns and paying any of the following Missouri taxes? Include any license offices for which you are currently the contractor.

Sales and Use Tax? TYes No

Income Tax? 🗍 Yes 🗍 No

′es 🔲 No

Employer WithholdingTax? 
Yes 
No

If Yes to any of the above, complete the information on the next page for each business owned and for each motor vehicle, trailer, all-terrain vehicle, vessel, and outboard motor owned, co-owned, or leased by the business, if the business is responsible for the registration and payment of personal property taxes on such leased unit. Attach additonal pages, if needed.

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 Address							
Phone Number ()		Fax Number ()							
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	Number	Co-Owner Name, if applicable (First, MI, Last)						
Business #2 Does the bus	ness have employees? 🗍 Yes 🗍 N	No							
Federal Employer Identification Number	r Missouri Tax Identification	or Exemption Num	hber Charter or Certificate of Authority Number						
Business Information, Doing Business	As (DBA) Name	gal Name of Busine	ess, Filed With IRS for the Tax ID Number Listed Above						
IRS Form 1099 Mailing Address	City, State, Zip Code								
Contact Person		E-mail Address							
Phone Number         Fax Number           ()									
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						
Year Make and Model	Vehicle Identification Number or Missouri Title	e Number	Co-Owner Name, if applicable (First, MI, Last)						

Missouri Tax Identification or Exemption Number Charter or Certificate of Authority Number

Does the business have employees? Yes No

As an authorized signatory for the contractor identified above, by my signature at the bottom of Section 1 below. I hereby authorize the Missouri Department of Revenue (Department) to check for compliance for at least the last five years of the: (1) Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, sales and use tax, withholding tax, and employment security tax pertaining to the contractor and to any corporations, partnerships or companies for which the contractor is responsible; (2) title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that the contractor and any business for which the contractor is responsible owns or co-owns for proper registration and any outstanding sales and use tax delinquencies; and (3) property tax payment records on the above units 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 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 1 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. Authorized Signature Name (Typed or Printed)

Title or Position

Date (MM/DD/YYYY) \_\_\_\_/ \_\_\_/ \_\_\_ / \_\_\_\_ \_\_

Date (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /

The Department of Revenue tax compliance review has been conducted.							
Signature	Date (MM/DD/YYYY) / / /						
The motor vehicle and registration records and the personal property tax records for the vehicles listed above have been verified.							

Signature(s)

Signature

Business #1

Federal Employer Identification Number

	Page 3										
Officer'	's Full Name		Title			Date of Birth (MM/DD/YYYY)					
Mailing	g Address		City, State, Zip Co	ode			//				
E-mail Address											
	/100/000										
Social	Security Number	Home Phone Num			Fax Number		Cell Phone Number				
Spouse	e's Name, if married and filing joir	(	•		()			Spouse's Date of Birth (MM/DD/YYY)			
Social Security Number       Home Phone Number       Fax Number       Cell Phone Number         Spouse's Name, If married and filing joint tax returns       Spouse's Name, If married and filing joint tax returns       Spouse's Name, If married and filing joint tax returns       Spouse's Name, If married and filing joint tax returns         Spouse's Name, If married and filing joint tax returns       Spouse's City, State, Zip Code (if different)       Spouse's City, State, Zip Code (if different)         Spouse's E-mail Address (if different)       Spouse's Social Security Number       Spouse's Cell Phone I         List all motor vehicles, trailers, all-terrain vehicles, vessels, and outboard motors you own or co-own that are required to b       Also list all leased units, if you are responsible for the registration and payment of personal property taxes on the units.         pages, if needed.       Vehicle Identification Number or Missouri Title Number       Co-Owner Name, if applicable (First,         Year       Make and Model       Vehicle Identification Number or Missouri Title Number       Co-Owner Name, if applicable (First,         Year       Make and Model       Vehicle Identification Number or Missouri Title Number       Co-Owner Name, if applicable (First,         Year       Make and Model       Vehicle Identification Number or Missouri Title Number       Co-Owner Name, if applicable (First,         Year       Make and Model       Vehicle Identification Number or Missouri Title Number       Co-Owner Name, if applicable (F											
Spouse	e's Mailing Address (if different)			Spouse's City, State, Zip Code (if different)							
Spouse	e's E-mail Address (if different)			Spc	ouse's Social Security	Number	Spo	use's Cell Phone Number (if different)			
List all Also lis pages,								re required to be titled in Missou es on the units. Attach additor			
Year	Make and Model	Vehicle Identification	on Number or Misso	ouri T	Title Number	Co-Owr	ner Name, if	applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identification	on Number or Misso	ouri T	Fitle Number	Co-Owr	ner Name, if	applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identification	on Number or Misso	ouri 1	Fitle Number	Co-Owr	ner Name, if	applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identificatio	on Number or Misso	ouri T	Fitle Number	Co-Owr	ner Name, if	applicable (First, MI, Last)			
Do you Missou Sales a If Yes t vessel, person	Do you own a business or are you an officer of a business for which you are responsible for filing returns and paying any of the following Missouri taxes? (Include any license offices for which you are currently the contractor.) Sales and Use Tax? Yes No Income Tax? Yes No Employer Withholding Tax? Yes No If Yes to any of the above, complete the information below for each business owned and for each motor vehicle, trailer, all-terrain vehicle, vessel, and outboard motor owned, co-owned, or leased by the business, if the business is responsible for the registration and payment of personal property taxes on such leased unit. Attach additonal pages, if needed.										
	Does the busir	ness have emplo	oyees? 🔲 Yes	s 🗋	No						
Federa	al Employer Identification Number		Missouri Tax Identi	ificat	ion or Exemption Nur	nber	Charter or C	Certificate of Authority Number			
Busine	ss Information, Doing Business A	s (DBA) Name			Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above						
IRS For	rm 1099 Mailing Address	City, S	State, Zip Code								
Contact	t Person			E-mail Address							
Business #1       Does the business have employees?       Yes       No         Federal Employer Identification Number       Missouri Tax Identification or Exemption Number       Charter or Certificate of Authority Number         Business Information, Doing Business As (DBA) Name       Legal Name of Business, Filed With IRS for the Tax ID Number Listed A         IRS Form 1099 Mailing Address       City, State, Zip Code         Contact Person       E-mail Address         Phone Number       ()         ()											
(	)				()						
Year	Make and Model	Vehicle Identification	on Number or Misso	ouri T	Title Number Co-Owner Name			applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identificatio	on Number or Misso	ouri T	Title Number Co-Owner N			applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identificatio	on Number or Misso	ouri 1	Title Number	Co-Owr	ner Name, if	applicable (First, MI, Last)			
Year	Make and Model	Vehicle Identificatio	Fitle Number	Co-Owr	ner Name, if	applicable (First, MI, Last)					

## Business #2 Does the business have employees? TYes TNo

Federal Employer Identification Number				Miss	ouri Ta	x Ident	ificatio	on or Exe	emptio	n Num	ber	Charter or Certificate of Authority Number						
Business Information, Doing Business As (DBA) Name							L	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 Address																		
Phone I	Numb	ber											Fax Number					
(		)											()					
Year	Ма	ke and	Model			Vehicle Identification Number or Missouri T						ouri Ti	itle Number Co-Owner Name, if applicable (First, MI, Last)				wner Name, if applicable (First, MI, Last)	
Year	Ма	ke and	Model			Vehicle Identification Number or Missouri Title						ouri Ti	tle Num	ber		Co-O	wner Name, if applicable (First, MI, Last)	
Year	Ма	ke and	Model			Vehicle Identification Number or Missouri Title						ouri Ti	tle Num	ber		Co-O	wner Name, if applicable (First, MI, Last)	
Year	Ма	ke and	Model			Vehicle Identification Number or Missouri Title Num					tle Num	ber		Co-O	wner 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)\_

Authorized Signature

ion 2 - Continued

Signature(s)

Spouse's Name, if applicable (Typed or Printed) \_\_\_\_\_

Spouse's Signature, if applicable \_\_\_\_

se	The Department of Revenue tax compliance review has been conducted.								
Department Use	Signature	Date (MM/DD/YYYY) / /							
bartm	The motor vehicle and registration records and the per	sonal property tax records for the vehicles listed above have been verified.							
Dep	Signature	Date (MM/DD/YYYY) / /							

Phone: (573) 526-4133 Fax: (573) 751-5327 E-mail: <u>license\_offices\_mail@dor.mo.gov</u>

\_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ \_ \_\_

\_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_