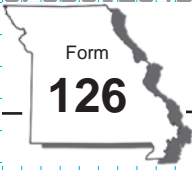


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MISSOURI DEPARTMENT OF REVENUE

Registration or Exemption Change Request

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Select one I am updating my business tax account I am updating my sales and use exemption account

Name Currently On File, Phone Number, Address Currently On File, City, State, ZIP Code

This form can be used to make changes to your sales and use, employer withholding, corporate income or franchise tax, or exemption registration records. Only complete the section(s) that apply to the changes you wish to make.

Name and Address section: Change Owner Name To, Change Business Name (Doing Business As) To, Change Owner or Organization Street Address To, City, State, ZIP Code, County

All information is required if completing the Officers, Partners, or Members Section. Attach a list if needed. Business Tax Accounts: Adding persons indicates they have direct supervision or control over tax matters...

Officers, partners, or Members section 1: Add/Remove, Title, Birthdate, Home Address, City, State, ZIP Code, County

Officers, partners, or Members section 2: Add/Remove, Title, Birthdate, Home Address, City, State, ZIP Code, County

Officers, partners, or Members section 3: Add/Remove, Title, Birthdate, Home Address, City, State, ZIP Code, County



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All information is required if completing the Authorized Representatives Section. Attach a list if needed.
 Business Tax Accounts: Identify all persons who are not a partner, member (L.L.C), or officer of the business that have direct supervision or control over tax matters whom you authorize the Department to discuss your tax matters. All other persons must obtain a Missouri Power of Attorney (Form 2827). Attach a list if needed.

Authorized Representatives

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Title Begin or End Date (MM/DD/YYYY) ____/____/____	Name (Last, First, Middle Initial)		
Title		Social Security Number		Birthdate (MM/DD/YYYY) ____/____/____
Home Address				
City		State	ZIP Code	County

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Title Begin or End Date (MM/DD/YYYY) ____/____/____	Name (Last, First, Middle Initial)		
Title		Social Security Number		Birthdate (MM/DD/YYYY) ____/____/____
Home Address				
City		State	ZIP Code	County

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Title Begin or End Date (MM/DD/YYYY) ____/____/____	Name (Last, First, Middle Initial)		
Title		Social Security Number		Birthdate (MM/DD/YYYY) ____/____/____
Home Address				
City		State	ZIP Code	County

Mailing Address

Change For: <input type="checkbox"/> All Tax Types <input type="checkbox"/> Corporate Income and Franchise Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Sales and Use Tax				
In Care Of (Optional)		Company Name if different from owner		
Address		City	State	ZIP Code
County				

Close Location

Close the following new business location for: <input type="checkbox"/> Consumer's Use Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Sales Tax				
<input type="checkbox"/> Vendor's Use Tax <input type="checkbox"/> Vendor's Use Marketplace Facilitator				
Business Name			Address	
City			State	
ZIP Code	County		Date of Closing (MM/DD/YYYY) ____/____/____	

Open Location

Open the following new business location for: <input type="checkbox"/> Consumer's Use Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Sales Tax				
<input type="checkbox"/> Vendor's Use Tax <input type="checkbox"/> Vendor's Use Marketplace Facilitator				
Business Name			Taxable Sales Begin Date (MM/DD/YYYY) ____/____/____	
Street or Highway Address (Do not use Rural Route or PO Box)				
City		State	ZIP Code	County



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Sales and Use Tax

Is this business located inside the city limits of any city or municipality in Missouri? For help determining this visit mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation No Yes - Specify the city:

Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development. No Yes - Specify the district name(s):

Change Sales and Use Tax Filing Frequency To: Monthly (Over \$500 a month) Quarterly (\$500 or less a month) Annual (Less than \$200 a quarter) *Continue current filing until this change is verified by the Department.

Do you make retail sales of the following items? Select all that apply.

Alcoholic Beverages Alternative Nicotine Cigarettes or Other Tobacco Products Domestic Utilities

E-Cigarettes or Vapor Products Food Subject to Reduced State Food Tax Rate Items Qualifying for Show Me Green Sales Tax Holiday

Items Qualifying for Back-To-School Sales Tax Holiday Lead-Acid Batteries Lease or Rent Motor Vehicles

New Tires Post-Secondary Educational Textbooks Telecommunication Services

Do you make retail sales of aviation jet fuel to Missouri customers? Yes No

If yes, are your sales made at: A Missouri airport A location outside Missouri and the fuel is transported into Missouri?

If yes, is the airport located in Missouri and identified on the National Plan of Integrated Airport Systems (NPIAS)? Yes No

If yes, provide a list of applicable locations: _____

Do you use, store, or consume aviation jet fuel in Missouri where the seller does not collect tax? Yes No

If yes, is the fuel stored, used, or consumed in an airport that is identified on the NPIAS? Yes No

If yes, provide a list of applicable locations: _____

Withholding Tax

I would like to change from a transient employer to a regular employer.
(Must have filed 24 consecutive months in Missouri)

Change* Withholding Tax Filing Frequency To:

Annually (less than \$100 withholding tax per quarter) Quarterly (\$100 withholding tax per quarter to \$499 per month) Monthly (\$500 to \$9,000 withholding tax per month) Quarter-Monthly (weekly) (over \$9,000 withholding tax per month, required to pay electronically)

*Continue current filing until this change is verified by the Department.

Corporate Income Tax

Change the corporation taxable year end to:

(MM/DD) ___ / ___

Comments

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This form must be signed by the owner, if the business is a sole ownership; partner, if the business is a partnership; reported officer, if the business is a corporation, or by a member, if the business is an L.L.C. as reported on the application.

Signature	Printed Name
Title	Date (MM/DD/YYYY) ___ / ___ / ___

Registration Change
Mail to: Taxation Division
 P.O. Box 3300
 Jefferson City, MO 65105-3300

Phone: (573) 751-5860
TTY: (800) 735-2966
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov



Form 126 (Revised 12-2022)

Exemption Change
Mail to: Taxation Division
 P.O. Box 358
 Jefferson City, MO 65105-0358

Phone: (573) 751-2836 Visit dor.mo.gov/register-business/ for additional information.
TTY: (800) 735-2966
Fax: (573) 522-1271
E-mail: salestaxexemptions@dor.mo.gov

Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ 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 veteranbenefits.mo.gov/state-benefits/.