

Last	Name											Firs	t Na	me												Mi	ddle	Nam	е				
Date	of Birth	n (N	IM/D	D/YY	YY)						Last	t Fo	ur D	gits o	of SS	N	D	aytim	Tele	epho	ne l	Nun	nber										_
Old Address (Optional)	Mailing Address  City  County State							ZI	ZIP Code						Mailir City Coun		Idres	s					State				ZIP	Cod	le				
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be Updated		Mo	otor	Vehi	cle	Reco	ax R rds -	List	all p		nger	car,	, truc	ck, re	creat	tiona	al v	vehicle	e, mo	otorcy	/cle	, tra	ailer	lice	nse	plat	es, d	lisab	led	placa	ards	, an	d boat
		<b>M</b> o	otor outb	<b>Veh</b> ioard r	cle noto	Reco	rds -	List	all p		enger			ck, re	crea	tiona	al v	vehicle		otorcy							es, d	lisab	led				d boat Year
Records to be Updated		<b>M</b> o	otor outb	<b>Veh</b> ioard r	cle noto	<b>Reco</b> r title	rds -	List	all p					ck, re	creat	tiona	al v	vehicle									es, d	lisab	led				
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Signature Records to be Updated	Unde Signa Date	or Lice	ense	Vehioard r	per	Recc r title mber	number	List a	all pa	Exp	piratic	nforr	ear		d an	y att	tac		Di C	oat o	ed I	Place	pard	Mc	nbe	Title	Num	hber	led				

Business Tax Records - To request a change of address for a business, complete a Registration Change Request (Form 126).

Mail to: Missouri Department of Revenue

P.O. Box 100

Jefferson City, MO 65105-0100 **E-mail:** dormail@dor.mo.gov

**Driver License Bureau:** (573) 526-2407 **Motor Vehicle Bureau:** (573) 526-3669

Individual Income Tax: (573) 751-3505

Business Tax: (573) 751-3505

Form 4160 (Revised 08-2016)

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