Reset Form | Print Form

Form **4732**

Missouri Department of Revenue
Cigarette and Other Tobacco Products
Registration Change Request

This form is used to make changes in your registration records. Please print or type.

Effective Date (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

Missouri Cigarette and Other Tobacco Products Tax Identification Number	Business Name Currently on File

Business Address Currently on File

Please make the following change(s) in my registration record: (Select and complete appropriate items.)

Business Name

Change Business Name (Doing Business As) to:

Name

Identification Number

Change Federal Identification Number to:

Ownership Type

Change to:

❒ Government ❒ Missouri Corporation ❒ Partnership ❒ Sole Owner

❒ Corporation (Non-Missouri)

Missouri Certificate of Authority Number

❒ Other _____

Fictitious Name Businesses: Missouri Fictitious Name Number

Owner Name

Change to: (Use only if change results from change in type of ownership. If owner name changes due to transfer, etc., a new application must be completed.)

New Legal Name of Owner	Current Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

If Sole Proprietor: ▶

Owner Social Security Number	Birthdate (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

Corporation Partners

Change to: (All information is required. Attach a supplemental list if necessary.)

❒ Add ❒ Remove

Name (Last, First, Middle Initial)		
Title	Social Security Number	
Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Street Address	
City	State	Zip Code

❒ Add ❒ Remove

Name (Last, First, Middle Initial)		
Title	Social Security Number	
Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Street Address	
City	State	Zip Code

Address

Change Address to:

❒ Physical Address ❒ Mailing Address ❒ Location of Books and Records

Street Address	City	State	Zip Code	County

Attachments

❒ Attach original rider from bonding company covering change of name or physical address

❒ A new bond indicating change of ownership accompanied by new application

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.		
Signature	Printed Name	
Title		Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Mail to: Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811

Phone: (573) 751-7163
Fax: (573) 522-1720
TTY: (800) 735-2966
E-mail: excise@dor.mo.gov

Visit http://www.dor.mo.gov/business/tobacco/ for additional information.