



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 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
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
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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04 Is this business located inside the city limits of any city or municipality in Missouri? For help determining this visit <https://dors.mo.gov/tax/strgis/index.jsp>.

05  No  Yes - Specify the city:

06 Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.

07  No  Yes - Specify the district name(s):

08 Change Sales and Use Tax Filing Frequency To:  Monthly (\$500 or more per month in tax)  Quarterly (Less than \$500 per month in tax)

09  Annually (Less than \$100 per quarter in sales tax) \*Continue current filing until this change is verified by the Department.

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

11  Alcoholic Beverages  Alternative Nicotine  Cigarettes or Other Tobacco Products  Domestic Utilities

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

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

14  New Tires  Post-Secondary Educational Textbooks  Telecommunication Services

15  Qualifying Utilities or Items Used or Consumed in Manufacturing or Mining, Research and Development, or Processing Recovered Materials.

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

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

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

19 If yes, provide a list of applicable locations: \_\_\_\_\_

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

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

22 If yes, provide a list of applicable locations: \_\_\_\_\_

Sales and Use Tax

28  I would like to change from a transient employer to a regular employer.

29 (Must have filed 24 consecutive months in Missouri)

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31 Change\* Withholding Tax Filing Frequency To:

32  Monthly (\$500 or more per month in tax) \*Continue current filing

33  Quarterly (Less than \$500 per month in tax) until this change is verified

34  Annually (Less than \$100 per quarter in tax) by the Department.

35  Quarter-Monthly (Over \$9,000 per month in tax)

Corporate Income Tax

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38 Change the corporation taxable year end to:

39 (MM/DD) \_\_\_ / \_\_\_

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Comments

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54 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

55 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.

56 as reported on the application.

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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](mailto:businesstaxregister@dor.mo.gov)



Exemption Change

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

Phone: (573) 751-2836  
TTY: (800) 735-2966  
Fax: (573) 522-1271  
E-mail: [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov)

Visit <http://dor.mo.gov/business/register/> for additional information.