

Department Use Only
(MM/DD/YY)[illegible]

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[illegible]

Please complete the information below and attach a copy of your "Safe at Home" authorization card issued by the Secretary of State. This information will be used to update your mail-to address in the Taxation Division's records with your "Safe at Home" address. Your "Safe at Home" address will be used only on the tax types you designate below.

Individual Income Tax	Taxpayer Name (last, first, middle)			
	Previous Address	City	State	Zip

Business Tax	Business Name			
	Previous Address	City	State	Zip

Safe at Home Identification Number _____

Tax Records

Select the box or boxes below for the tax programs that affect you.

<input type="checkbox"/> Individual Income Tax	<input type="checkbox"/> Sales Tax
<input type="checkbox"/> Property Tax Credit	<input type="checkbox"/> Vendor's Use Tax
<input type="checkbox"/> Fiduciary Tax	<input type="checkbox"/> Consumer's Use Tax
<input type="checkbox"/> Employer Withholding Tax	<input type="checkbox"/> Corporation Income Tax
<input type="checkbox"/> Cigarette or Other Tobacco Products Tax	<input type="checkbox"/> Corporation Franchise Tax
<input type="checkbox"/> Motor Fuel Tax	<input type="checkbox"/> Tire and Battery Fee
<input type="checkbox"/> Other: (Please Specify) _____	

Signature	<p>I understand the "Safe at Home" address will be used as my mailing address for the Department to send tax related mail for the taxes noted above. This address only affects the mailing address of my residence and does not affect any other addresses. This address will be used until I notify the Department of an address change or the Secretary of State rejects my mail because I am no longer a qualified participant of the "Safe at Home" program. I understand if I file any returns or other documents or any are filed on my behalf, with a "Non-Safe at Home" address, it constitutes notification to the Taxation Division that I am no longer in the "Safe at Home" program and the Taxation Division will no longer use the "Safe at Home" address as my mail-to address. I also confirm that I have been certified as an authorized "Safe at Home" program participant approved by the Secretary of State.</p>	
	Signature	Date (MM/DD/YYYY)

A copy of your "Safe at Home" authorization card must be attached with this form.

Form 5143 (Revised 09-2014)

Visit
<http://www.sos.mo.gov/business/SafeAtHome/>
for additional information.



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