Form

# MISSOURI DEPARTMENT OF REVENUE

# Missouri Sales or Use Tax Exemption Application

Submit the listed items to ensure the Department of Revenue (Department) can process your exemption application. Submit all required information to avoid a delay or denial of your exemption letter. Federal or Missouri state agencies. Missouri political subdivisions, elementary and secondary schools operated at public expense, or schools of higher education are not required to furnish the documents below (see instructions).

Pursuant to Section 105.1500, RSMo, the Department of Revenue is prohibited from requiring any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code, or any individual, to provide the Department with any list, record, register, registry, roll, roster, or other compilation of data of any kind that directly or indirectly identifies a person as a member, supporter, volunteer of, or donor of financial or nonfinancial support to, any entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code. Nothing in this form should be read or understood as a requirement that you provide any such information. Notwithstanding any publication, webpage, form, instruction, regulation, or statement shared by the Department, you are not required to include such information on this form. If you encounter any technical difficulty in submitting this form without including information that you believe is protected by Section 105.1500, RSMo, feel free to contact the Department at the email, phone or address at the bottom of this form.

- Application A fully completed and signed Missouri Sales or Use Tax Exemption Application (Form 1746)
- Determination of Exemption A copy of IRS determination of exemption, Federal Form 501(c). Federal, state, Missouri political subdivisions or agencies, public elementary, secondary, or higher education schools or universities are not required to submit a Federal Form 501(c).
- Certificate of Incorporation or Registration A copy of the Certificate of Incorporation or Registration issued by the Missouri Secretary of State, if registered or incorporated
- Bylaws A copy of the organization's bylaws
- Financial Statement A three-year financial statement (or number of years in existence if less than three) providing sources and amounts of income and expenses. A three-year financial statement is determined by the date of incorporation or the date the 501(c) exemption was issued.
- If the organization is less than six months old a projected budget for one year should be provided. The projected budget must include sources and amounts of income and expenses for one year.

The financial statement can be in the form of a spreadsheet, ledger book, or you may submit copies of all pages of the Internal Revenue Service (IRS) Return of Organization Exempt From Income Tax (Form 990). All schedules must include detailed information to avoid a delay in processing your application. The Department does not accept bank statements. If abbreviations are used, provide an explanation.

- Cooperative Marketing Association Attach the following:
  - Documentation verifying your payment of the annual registration fee:
  - A copy of the most recent annual report filed with the Missouri Secretary of State; and
  - A copy of the articles of incorporation that details that the corporation is organized as a nonprofit, non-stock corporation under Section 274.030 RSMo

If you are registered with the IRS and have received a 501(c) letter, you must attach a copy of the most current letter of exemption issued to you by the IRS.

If you have not received an exemption letter from the IRS, you can obtain an Application for Recognition of Exemption (Form 1023) by visiting their website at irs.gov or call (877) 829-5500.

#### Missouri Tax I.D. Number

If you have been issued a Missouri Tax I.D. Number by the Department, enter that number in the space provided. Providing your Missouri Tax I.D. Number will ensure the Department registers your organization accurately.

#### **Incorporated Organizations**

If you are incorporated in Missouri, check "Missouri Corporation" and provide the required information. If you are an out-of-state corporation, and own property in Missouri, check the "Out-of-State Corporation" box and provide the required information.

#### Mailing Address

If correspondence should be mailed to an address other than the address of the organization or agency, provide the address to be used for mailing purposes (i.e., officer's, accountant's, or lawyer's address, etc.) P.O. Box may be used.

### Record Storage

If the books and records are kept at an address (location) other than that of the organization, agency, or mailing address, provide the address.

#### Attachments

The attachments are used to determine whether an organization is exempt under Missouri law. Please remember to include all attachments pertaining to your organization. If you do not include all required attachments, it could result in a delay in issuing your exemption letter or a denial of your application.

Out of state organizations applying for a Missouri exemption letter must provide a copy of the sales and use tax exemption letter issued to the organization in their home state.



| 234  | 567  | 7890123456789012345678901234567890123  | <u> 45678901234567890123456789012345678901234</u>                   |
|--|--|--|---|
| ΩЦ   | 7  | MISSOURI DEPARTMENT OF   | Department Use Only   |
| 0E   | ς,   | Form REVENUE   | (MM/DD/YY)  |
| 26   |  | 1746 Missouri Sales or Use Tax Exemption Applic  |   |
|  | - <u>L</u> l                                   | Missouri Sales or Use Tax Exemption Applic   | cation  |
| 07   | -[   |  |   |
| 08   | ٠, ٦   | 2.7  |   |
| 09   |  |  |   |
| 10   | Mis  | ssouri Tax I.D.  | Federal Employer  |
| 1 1  |  | ımber  | I.D. Number   |
| 12   | IVUI   |  |   |
| 13   |  | Qualifying For Exemption As: (select one)  |   |
| 1 J  | _  |  |   |
| 14   |  | Charitable (Benefits the common good and welfare of the  | Public Elementary or Secondary Education                            |
| 15   |  | community, not only within the organization, while relieving   |   |
| 16   |  | government of a financial burden that it would otherwise be  | Private Not-For-Profit Elementary and Secondary Education           |
| 17   |  | required to meet)  | (Must have received accreditation)                                  |
| 18   | _  | Religious (Churches, ministries, and religious groups. Exemption   | Lighty Education (Mast have recoived poors ditation)                |
| 18<br>19   | Exemption                                      | applies to sales and purchases only if within the organization's   | Higher Education (Must have received accreditation)                 |
|  | _ \bar{2}{c}                                   | religious, charitable, or educational functions)   | Missouri Political Subdivision (Out-of-state political              |
| 21   | - ē  | 9  | subdivisions do not qualify)  |
| 20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29   | ú  | Not-For-Profit Civic (Benefiting the citizenry at large on an  | - Cascalviolio do Hot quality)                                      |
| 22   | _ 5  | unrestricted basis. Exemption applies only if the sale or purchase   | Federal or Missouri State Agency                                    |
| 23   | 3  | is made for the organization's civic or charitable functions and   |   |
| 24   | _ }  | activities)  | Missouri Cooperative Marketing Association                          |
| 25   |  |  | (Exemption applies to purchases and only exempts state sales        |
| 26   |  | Not-For-Profit \$ocial, Service, Fraternal   | tax. All purchases remain subject to local sales tax and all use    |
| 27   |  | (Exemption applies only if the sale or purchase is made for the  | taxes). By checking this box you are affirming that the association |
| 20   |  | organization's civic or charitable functions and activities, and not   | does at least 25% of its business with its members.                 |
| 20   |  | general operations of the organization)  |   |
| 30   |  | NOTE: Unions, political organizations, and home owner associations d   | o not qualify for a Missouri sales or use tax exemption.            |
|  |  |  |   |
| 31<br>32<br>33<br>34<br>35<br>36   | ਰ  | Missouri Charter Number  | Date Incorporated (MM/DD/YYYY)                                      |
| 32   | ige .  | Missouri Charter Number  Missouri Charter Number  Missouri Charter Number  Missouri Certificate of Authority No. | Date mospolated (www.bb/1111)                                       |
| 33   | or.  |  |   |
| 34   | org.   | Missouri Certificate of Authority No.  | Date Registered in Missouri (MM/DD/YYYY)   State of Incorporation   |
| 35   | nc   | Out-of-State Corporation   |   |
| 25   |  |  | <del>-                                      </del>                  |
| 37   |  | Oraco inskipa Nome   |   |
| 3/   |  | Organization Name  |   |
| 38   |  |  |   |
| 39   |  | Street Address - Do not use P.O. Box or Rural Route  | Phone Number  |
| 40   | Je L   |  |   |
| 41   | lan  | 8  |   |
| 42   | 2  | 2 City State   | ZIP Code County   |
| ПЗ   | <u>.</u>                                       | 3  |   |
| 111  | za   | ✓ Website Address E-ma   | il Address  |
|  | ani  |  |   |
| 44<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>40<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>61<br>62<br>63<br>64<br>65 | Organization Name                              | Dood your propingsion out transmit in Min  | <del></del>   |
| 46   | 0  | Does your organization own property in Missouri? Yes No  |   |
| 47   |  | Is your organization exempt from property tax? Tyes No Date  | e organization originated (MM/DD/YYYY)://                           |
| 48   |  |  |   |
| 49   |  | Does your organization make retail sale? Tyes No If you ans  | wered "Yes", describe the frequency and type of sales you make.     |
| ΠО   |  |  |   |
| E 4  |  | Mailing Address (If different than Organization Address)   |   |
| 57   | ď  | <u> </u>   | <del></del>   |
| 24   | - <del>-</del> - <del>-</del> - <del>-</del> - | Street Address or P.O. Box  City  State  |   |
| 53   | ٤  | Street Address or P.O. Box   |   |
| 54   | _ [  |  |   |
| 55   | <u>:</u>                                       | E City State   | ZIP Code County   |
| 56   | 2  |  | , Courty     Courty   |
| 57   |  |  |   |
|  | $\top$   |  |   |
|  | ++   |  |   |
|  | ++   | <del></del>  | <del></del>   |
| 50   | +  |  |   |
| 61   | 4  |  |   |
| 62   |  |  |   |
| 63   |  | 1401301  | 10001   |
| Бц   |  |  |   |
| 50   | $\top$   |  |   |
|  | +  |  |   |
|  |  |  |   |

| Street Address  City  State  Zi  Name (Last, First, Middle Initial)  Title  Social Security Number  Birthdate (MM/DD/YYYY  Street Address  City  State  Zi  In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the expleter.  Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities.  It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result immediate revocation of any exemption letter issued to this organization or agency.  |   |  |                                    |  |  |  |
|--|---|--|------------------------------------|--|--|--|
| Name (Last, First, Middle Initial)  Street Address  City  State  Zitreet Address  City  State  Zitreet Address  City  State  City  State  Zitreet Address  Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regu | Record Storage Address (Do not use P.O. Box or Rural Route)   |  |                                    |  |  |  |
| Name (Last, First, Middle Initial)  Street Address  City  State  Zitreet Address  City  State  Zitreet Address  City  State  City  State  Zitreet Address  Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regu | Street Address (Do not use P.O. Box or Rural Route)   |  |                                    |  |  |  |
| Street Address  City  State  Zi  Name (Last, First, Middle Initial)  Title  Social Security Number  Birthdate (MM/DD/YYYY  Street Address  City  State  Zi  In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the explaint the intended use of the explain | State ZIP Code County   | State                                  | City                               |  |  |  |
| In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint  | Social Security Number  Birthdate (MM/DD/YYYY)  | Title                                  | Name (Last, First, Middle Initial) |  |  |  |
| In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint  | City State ZIP Code   |  | Street Address                     |  |  |  |
| In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint  | Social Security Number Birthdate (MM/DD/YYYY)   | Title                                  | Name (Last, First, Middle Initial) |  |  |  |
| Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempts that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities.  It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result immediate revocation of any exemption letter issued to this organization or agency.  An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include a lattorney (Form 2827) signed by an officer, member, or responsible person listed on the application.  Signature of Officer or Responsible Person  Title  Printed Name  E-mail Address   | City State ZIP Code   |  | Street Address                     |  |  |  |
| nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities.  It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result immediate revocation of any exemption letter issued to this organization or agency.  An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include a lattorney (Form 2827) signed by an officer, member, or responsible person listed on the application.  Signature of Officer or Responsible Person  Title  Printed Name  E-mail Address   | inal purpose and the main activities. Explain the intended use of the exemption   | marize the primary organizational purp | letter.                            |  |  |  |
| Printed Name E-mail Address  | organization's or agency's nature, purpose, or activities.  It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result in the immediate revocation of any exemption letter issued to this organization or agency.  An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include a Power of Attorney (Form 2827) signed by an officer, member, or responsible person listed on the application. |  |                                    |  |  |  |
| Social Security Number Date of Birth (MM/DD/YYYY) Date (MM/DD/YYYY)  |   |  |                                    |  |  |  |
|  |   | , i                                    | Social Security Number             |  |  |  |

onfidentiality of Tax

Missouri Statute <u>32.057, RSMo</u>, states that all tax records and information maintained by the Department are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them.

If your officers, members, or responsible persons change, you must update your registration with the Department by completing a Registration or Exemption Change Request (Form 126), before we can release tax information to those new officers, members, or responsible persons.

Mail to: Taxation Division

P.O. Box 358

Jefferson City, MO 65105-0358

Phone: (573) 751-2836 Fax: (573) 522-1666 TTY: (800) 735-2966



E-mail: salestaxexemptions@dor.mo.gov

Form 1746 (Revised 09-2022)

 $\label{thm:constraints} \mbox{Visit $\underline{\mbox{dor.mo.gov/taxation/business/tax-types/sales-use/}$ for additional information.} \\$ 

# Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> 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 <u>veteranbenefits.mo.gov/state-benefits/.</u>



14013020001