



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 3300, JEFFERSON CITY, MO 65105
REGISTRATION CHANGE REQUEST

FORM
126
(REV. 03-2009)

DLN (DOR USE ONLY)

PLEASE USE THIS FORM TO MAKE CHANGES TO YOUR SALES/USE TAX, EMPLOYER WITHHOLDING TAX, CORPORATE INCOME / FRANCHISE TAX, OR EXEMPTION REGISTRATION RECORDS. NOTE: PLEASE TYPE OR PRINT.

SALES/USE EMPLOYER WITHHOLDING TAX EXEMPTION NUMBER OR CORPORATE INCOME / FRANCHISE TAX NUMBER _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

BUSINESS OWNER/ORGANIZATION NAME CURRENTLY ON FILE (ENTER CORPORATION NAME IF APPLICABLE)

PHONE NUMBER

(_____) _____ - _____

BUSINESS OWNER/ORGANIZATION ADDRESS CURRENTLY ON FILE

CITY	STATE	ZIP CODE	COUNTY
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PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS: (COMPLETE ALL APPROPRIATE ITEMS)

1. CHANGE OWNER NAME TO: (IF NAME CHANGE IS DUE TO A CHANGE IN OWNERSHIP A MISSOURI TAX REGISTRATION APPLICATION MUST BE COMPLETED.) NOT APPLICABLE ON EXEMPTIONS.

REASON FOR NAME CHANGE (PLEASE CHECK ONE) NEW OWNERSHIP NAME CHANGE ONLY

2. CHANGE OWNER ADDRESS TO:

CITY	STATE	ZIP CODE	COUNTY
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3. CHANGE BUSINESS NAME (DOING BUSINESS AS) TO:

4. ADD DELETE RETAIL LIQUOR SALES ON THIS BUSINESS

5. CHANGE OF RESPONSIBLE PERSONS, PARTNERS, OFFICERS, OR MEMBERS: (ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.)
(If adding or deleting a partner from a partnership account, all partners must sign this form including the partner being deleted/added. If deleting partners and only one partner remains, you must apply for a new tax number. Close your partnership account and complete Form 2643 to apply for a new sole owner account.)

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE	
	HOME ADDRESS		CITY	STATE ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE	
	HOME ADDRESS		CITY	STATE ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE	
	HOME ADDRESS		CITY	STATE ZIP CODE
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	HOME ADDRESS		CITY	STATE ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____

ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.

6. CHANGE SALES/USE TAX FILING FREQUENCY TO: Effective Date: _____
 MONTHLY (SALES TAX \$500 OR MORE PER MONTH) QUARTERLY (SALES TAX LESS THAN \$500 PER MONTH) ANNUALLY (SALES TAX LESS THAN \$45 PER QUARTER)

7. CHANGE EMPLOYER WITHHOLDING TAX FILING FREQUENCY TO: Effective Date: _____
 MONTHLY (WITHHOLDING TAX \$500 OR MORE PER MONTH) ANNUALLY (WITHHOLDING TAX LESS THAN \$45 PER QUARTER)
 QUARTERLY (WITHHOLDING TAX LESS THAN \$500 PER MONTH) QUARTER/MONTHLY (WITHHOLDING TAX OVER \$9,000 PER MONTH)
 (Required to pay electronically)

8. CHANGE THE CORPORATION TAXABLE YEAR END TO: M M D D

9. CHANGE MAILING ADDRESS FOR: EXEMPTION SALES/USE TAX CORPORATE INCOME / FRANCHISE TAX
 EMPLOYER WITHHOLDING TAX ALL TAX TYPES

IN CARE OF (NOT REQUIRED) STREET, ROUTE OR PO BOX

CITY STATE ZIP CODE COUNTY

CHANGE MAILING ADDRESS FOR: EXEMPTION SALES/USE TAX CORPORATE INCOME / FRANCHISE TAX
 EMPLOYER WITHHOLDING TAX ALL TAX TYPES

IN CARE OF (NOT REQUIRED) STREET, ROUTE OR PO BOX

CITY STATE ZIP CODE COUNTY

10. OPEN THE FOLLOWING NEW PHYSICAL BUSINESS LOCATION FOR: SALES/USE TAX CONSUMER'S USE TAX VENDOR'S USE TAX

BUSINESS NAME STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS) STATE ZIP COUNTY TAXABLE SALES BEGIN DATE M M D D Y Y Y Y

DO YOU LEASE/RENT MOTOR VEHICLES FROM THIS LOCATION, THAT WERE PURCHASED SALES TAX EXEMPT, TO MISSOURI CUSTOMERS? YES NO

DO YOU SELL POST-SECONDARY EDUCATIONAL TEXTBOOKS? YES NO

DO YOU SELL FOOD ITEMS FROM THIS LOCATION THAT ARE EXEMPT FROM STATE SALES TAX? YES NO

DO YOU SELL DOMESTIC UTILITIES AT THIS LOCATION? YES NO

DO YOU SELL CIGARETTES OR OTHER TOBACCO PRODUCTS FROM THIS LOCATION? YES NO

DO YOU MAKE RETAIL SALES OF AVIATION JET FUEL TO MISSOURI CUSTOMERS FROM A MISSOURI LOCATION? YES NO

If yes, your account will be registered for retail sales tax of jet fuel. Please provide a list of all applicable locations.

DO YOU MAKE RETAIL SALES OF AVIATION JET FUEL TO MISSOURI CUSTOMERS SHIPPED FROM A STATE OTHER THAN MISSOURI? YES NO

If yes, your account will be registered for vendor's use tax of jet fuel. Please provide a list of applicable locations.

DO YOU USE, STORE OR CONSUME AVIATION JET FUEL THAT IS PURCHASED AND SHIPPED INTO MISSOURI FROM OUT OF STATE? YES NO

If yes, your account will be registered for consumer's use tax of jet fuel. Please provide a list of applicable locations.

DO YOU MAKE RETAIL SALES OF NEW TIRES? YES NO

DO YOU MAKE RETAIL SALES OF LEAD-ACID BATTERIES? YES NO

DO YOU MAKE RETAIL SALES OF QUALIFYING SALES TAX HOLIDAY BACK-TO-SCHOOL PURCHASES? YES NO

DO YOU MAKE RETAIL SALES OF ENERGY STAR CERTIFIED APPLIANCES THAT QUALIFY FOR THE "SHOW ME GREEN SALES TAX HOLIDAY"? YES NO

DO YOU PROVIDE TELECOMMUNICATIONS SERVICE SUBJECT TO MISSOURI RETAIL SALES TAX? YES NO

DO YOU MAKE RETAIL SALES OF QUALIFYING UTILITIES OR ITEMS USED OR CONSUMED IN MANUFACTURING OR MINING, RESEARCH AND DEVELOPMENT OR PROCESSING RECOVERED MATERIALS? YES NO

11. CLOSE THE FOLLOWING BUSINESS LOCATION FOR: SALES TAX CONSUMER'S USE TAX VENDOR'S USE TAX EMPLOYER WITHHOLDING TAX

BUSINESS NAME STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS) STATE ZIP COUNTY DATE OF CLOSING M M D D Y Y Y Y

COMMENTS

THIS FORM MUST BE SIGNED BY THE OWNERS. IF 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 A L.L.C.

SIGNATURE TITLE DATE

RETURN THIS FORM TO: TAXATION DIVISION, PO BOX 3300, JEFFERSON CITY, MO 65105-3300. IF YOU HAVE QUESTIONS, CALL (573) 751-5860. TDD (800) 735-2966
 businesstaxregister@dor.mo.gov FAX: 573-522-1722