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Missouri Department of Revenue
Missouri Tax Registration Application

Department Use Only (MM/DD/YY) [Yellow boxes]

Missouri Tax I.D. Number (Optional) [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

Answer all questions completely. Incomplete and unsigned applications will delay processing.

Reason for Application: 3. Select all tax types for which you are applying: Sales from a Missouri business location, Missouri Employer Withholding Tax, Retail Sales*, Regular Withholding, etc.

Business Name and Physical Location: 4. Business Name (DBA name: attach list if necessary for additional locations), Street, Highway, City, County, State, Zip Code, Business Telephone Number.

Business Activity: 9. Do you make retail sales of the following items? Select all that apply. 10. Do you make retail sales of aviation jet fuel to Missouri customers? 11. Do you use, store, or consume aviation jet fuel in Missouri where the seller does not collect tax? 12. Do you lease or rent motor vehicles that were purchased sales tax exempt, to Missouri customers?



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If you are an out-of-state entity doing business in Missouri, please answer the following questions. Otherwise, skip to Line 18.

Out-of-State Company

13. Do you have a location or job site in Missouri? Yes No
 If yes, attach a list of your locations including address, city, state, zip code and indicate if the location is inside or outside the city limits.

14. Are orders taken from your Missouri customers by telephone, non-resident salesmen, etc.? If resident salesmen, attach a list where they live and indicate if they are inside or outside the city limits. Yes No

15. Do your representatives who reside in Missouri:
 A. Approve customer orders? Yes No
 B. Make on the spot sales? Yes No
 C. Maintain an inventory? Yes No
 D. Deliver merchandise to the customer? Yes No

16. Do you have non-resident representatives, agents, or temporary employees coming into Missouri on a regular basis? Yes No
 If yes, define the activities performed while in Missouri.

17. Do you have real or tangible personal property in Missouri? Yes No
 If yes, please describe:

Ownership Type

18. Ownership Type Sole Proprietor Partnership Government Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register at sos.mo.gov or call (866) 223-6535). Your application will not be complete without providing the charter number issued to you by their office.

Limited Partnership - LP Number _____ Not Required to register with Missouri Secretary of State

Limited Liability Partnership - LLP Number _____

Limited Liability Company - LLC Number _____ Other

Taxed as a Disregarded Entity Partnership Corporation

Missouri Corporation - Missouri Charter No. _____
 Date Incorporated (MM/DD/YYYY) ____/____/____

Non-Missouri Corporation - Missouri Charter No. _____
 State of Incorporation _____ Date Registered in Missouri (MM/DD/YYYY) ____/____/____

Owner Information

19. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)

Address		E-mail Address	
City	State	Zip Code	County

If an individual is listed as the owner, you must also provide the following:

Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number
_____	____/____/____	(____) _____

Previous Owner Information

20. Is there a previous owner or operator for the business? Yes* No *If yes, the following section must be completed.

Select any of the following that you purchased from the previous owner: Inventory Fixtures Equipment Real Estate

Other _____

Name of Previous Owner or Operator		Purchase Price	
Physical Location of Previous Business		City	State
Address of Previous Business		City	State
		Zip Code	Zip Code
		Missouri Tax Identification Number	



