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MISSOURI DEPARTMENT OF REVENUE

Form 126

Registration or Exemption Change Request

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Select one ☐ I am updating my business tax account ☐ I am updating my sales and use exemption account

Name Currently On File			Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Address Currently On File	City	State	Zip Code

This form can be used to make changes to your sales and use, employer withholding, corporate income or franchise tax, or exemption registration records. Only complete the section(s) that apply to the changes you wish to make.

Name and Address

Change Owner Name To: (If there has been a change in ownership, a Missouri Tax Registration Application (Form 2643) must be completed in lieu of this form. Also, if your organization is incorporated, your name must be changed with the Missouri Secretary of State's Office before your account can be updated).

Change Business Name (Doing Business As) To

Change Owner or Organization Street Address To

City	State	Zip Code	County

Officers, partners, or Members

All information is required if completing the Officers, Partners, or Members Section. Attach a list if needed.
Business Tax Accounts: Adding persons indicates they have direct supervision or control over tax matters. If adding or deleting partners from a partnership account, all partners must sign this form including the partner being deleted or added. If deleting partners and only one partner remains, you must close your partnership account and complete Form 2643 to apply for a new sole owner account. Sales and Use Exemption Accounts: Only officers of the organization can be added to your account. All other persons must obtain a Missouri Power of Attorney (Form 2827).

☐ Add ☐ Remove

Title Begin or End Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Name (Last, First, Middle Initial)	
Title	Social Security Number	FEIN
Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Home Address	
City	State	Zip Code	County

☐ Add ☐ Remove

Title Begin or End Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Name (Last, First, Middle Initial)	
Title	Social Security Number	FEIN
Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Home Address	
City	State	Zip Code	County

☐ Add ☐ Remove

Title Begin or End Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Name (Last, First, Middle Initial)	
Title	Social Security Number	FEIN
Birthdate (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Home Address	
City	State	Zip Code	County

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Authorized Representatives

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.

❒ Add ❒ 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

❒ Add ❒ 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

❒ Add ❒ 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: ❒ All Tax Types ❒ Corporate Income and Franchise Tax ❒ Employer Withholding Tax ❒ 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: ❒ Consumer's Use Tax ❒ Employer Withholding Tax ❒ Sales Tax ❒ 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: ❒ Consumer's Use Tax ❒ Employer Withholding Tax ❒ Sales Tax ❒ 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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Sales and Use Tax

Is this business located inside the city limits of any city or municipality in Missouri? For help determining this visit https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation ❒ No ❒ Yes - Specify the city:

Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.
❒ No ❒ Yes - Specify the district name(s):

Change Sales and Use Tax Filing Frequency To: ❒ Monthly ($500 or more per month in tax) ❒ Quarterly (Less than $500 per month in tax)
❒ Annually (Less than $100 per quarter in sales tax) *Continue current filing until this change is verified by the Department.

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

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

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

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

❒ New Tires ❒ Post-Secondary Educational Textbooks ❒ Telecommunication Services

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

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

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

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

If yes, provide a list of applicable locations. _____

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

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

If yes, provide a list of applicable locations: _____

Withholding Tax

❒ I would like to change from a transient employer to a regular employer.
(Must have filed 24 consecutive months in Missouri)

Change* Withholding Tax Filing Frequency To:

❒ Annually (less than $100 withholding tax per quarter)

❒ Quarterly ($100 withholding tax per quarter to $499 per month)

❒ Monthly ($500 to $9,000 withholding tax per month)

❒ Quarter-Monthly (weekly) (over $9,000 withholding tax per month, required to pay electronically)

*Continue current filing until this change is verified by the Department.

Corporate Income Tax

Change the corporation taxable year end to:

(MM/DD) __ __ / __ __

Comments

Signature

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 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. as reported on the application. **No digital signatures allowed**

Signature	Printed Name
Title	Date (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

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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

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

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