



Missouri Department of Revenue  
**Registration or Exemption Change Request**

Department Use Only  
 (MM/DD/YY)

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Missouri Tax I.D.  
 Number

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Federal Employer  
 I.D. Number

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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.

<b>Name and Address</b>	Change Owner Name To: (If there has been a change in ownership, a Missouri Tax Registration Application ( <a href="#">Form 2643</a> ) 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

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](#)).

<b>Officers, partners, or Members</b>	<input type="checkbox"/> Add <input type="checkbox"/> 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
	<input type="checkbox"/> Add <input type="checkbox"/> 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
	<input type="checkbox"/> Add <input type="checkbox"/> 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

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.

Authorized Representatives

<input type="checkbox"/> Add	<input type="checkbox"/> 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	

  

<input type="checkbox"/> Add	<input type="checkbox"/> 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	

  

<input type="checkbox"/> Add	<input type="checkbox"/> 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: <input type="checkbox"/> All Tax Types <input type="checkbox"/> Corporate Income and Franchise Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> 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: <input type="checkbox"/> Consumer's Use Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Sales Tax <input type="checkbox"/> 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: <input type="checkbox"/> Consumer's Use Tax <input type="checkbox"/> Employer Withholding Tax <input type="checkbox"/> Sales Tax <input type="checkbox"/> 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://dors.mo.gov/tax/strgis/index.jsp>.  
 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) \*Continue current filing until this change is verified by the Department.  
 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)

**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.

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

**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](mailto: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](mailto:salestaxexemptions@dor.mo.gov)

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