



MISSOURI DEPARTMENT OF

**REVENUE****Missouri Tax Registration Application**

2643A

Department Use Only  
(MM/DD/YY)


Missouri Tax I.D.  
Number  
(Optional)

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Federal Employer  
I.D. Number

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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

 Retail Sales Temporary Retail Sales (Less than 191 days) Retail Liquor or Alcohol Sales

Missouri Employer Withholding Tax

 Regular Withholding Domestic or Household Employee Transient Employer\*

Sales or Purchases from an out-of-state location

Corporate Tax

 Vendor's Use Corporate Income Consumer's Use (Missouri purchases  
where tax is not collected.) Corporate Franchise

\* Bond Required

**Reason for Applying**

- New MO Registration
- Purchase of Existing Business
- Reinstating Old Business
- Converted (must have converted  
through the Missouri Secretary of  
State's office)
- Court Appointed Receiver
- Other:

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**Owner Information**

## 4. 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Ownership Type**5. Ownership Type  Sole Proprietor  Partnership  Government  TrustAll 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](http://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 \_\_\_\_\_ Other Limited Liability Company - LLC Number \_\_\_\_\_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) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Previous Owner Information**6. 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 \_\_\_\_\_ Purchase Price \_\_\_\_\_

Name of Previous Owner or Operator \_\_\_\_\_ Missouri Tax Identification Number \_\_\_\_\_

Physical Location of Previous Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address of Previous Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



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## Mailing and Storage Address

Reporting forms and notices will be mailed to this address.

7. Address (street, rural route or P.O. Box)	City	State	ZIP Code
Company Name if different than owner			
Which forms do you want mailed to this address?			
<input type="checkbox"/> All Tax Types <input type="checkbox"/> Sales and Use Tax <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Employer Withholding Tax			
Address where you will store your tax records (do not use a P.O. Box for record storage).			
8. Physical Address	City	State	ZIP Code

## Officers, Partners, or Members

9. Provide the officers, partners, or members (L.L.C.) of your business who are responsible for the collection and remittance of tax. Listing individuals or entities here indicates they have direct supervision or control over tax matters. Attach list if needed.			
Name (Last, First, Middle Initial)		Title	
Social Security Number		Federal Employer ID Number (FEIN)	Date of Birth (MM/DD/YYYY)
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)
Name (Last, First, Middle Initial)		Title	
Social Security Number		Federal Employer ID Number (FEIN)	Date of Birth (MM/DD/YYYY)
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)

## Representatives

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

## Retail Sales, Consumer's or Vendor's Use Tax

11. Taxable Sales or Purchases Begin Date (MM/DD/YYYY) ____/____/____			
12. Temporary License (Less than 191 days) (MM/DD/YYYY) (Example: fireworks, temporary event, etc.)      Begins ____/____/____      Ends ____/____/____			
13. Seasonal Business: If you do not make taxable sales year round, please check the months that you do.			
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December			
14. Estimated sales and use tax liability (select one). Your selection will determine your return filing frequency.			
<input type="checkbox"/> Monthly (Over \$500 a month) <input type="checkbox"/> Quarterly (\$500 or less a month) <input type="checkbox"/> Annual (Less than \$200 a quarter)			



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15. Business Name (DBA name: attach list if necessary for additional locations)			
Street, Highway (Do not use P.O. Box Number or Rural Route Number)		City	
County	State	ZIP Code	Business Telephone Number (        )        -        -
16. Will sales be made at various temporary locations in Missouri?			
<input type="checkbox"/> No <input type="checkbox"/> Yes—Attach a list of all known locations. If no Missouri location is given during initial registration, a general location will be used.			
17. Is this business located inside the city limits of any city or municipality in Missouri? To verify go to <a href="http://missouri.ttr.services/">missouri.ttr.services/</a> .			
<input type="checkbox"/> No <input type="checkbox"/> Yes — Specify the city: _____			
18. Is this business located inside a district(s)? For example, ambulance, fire, tourism, community or transportation development. <input type="checkbox"/> No <input type="checkbox"/> Yes — Specify the district name(s): _____			
19. Describe the business activity, stating the major products sold and services provided.  <input type="checkbox"/> Retail _____% <input type="checkbox"/> Wholesale _____% <input type="checkbox"/> Service _____% <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			

20. Do you make retail sales of the following items? Select all that apply.			
<input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Alternative Nicotine <input type="checkbox"/> Cigarettes or Other Tobacco Products <input type="checkbox"/> Domestic Utilities			
<input type="checkbox"/> E-Cigarettes or Vapor Products <input type="checkbox"/> Food Subject to Reduced State Food Tax Rate <input type="checkbox"/> Items Qualifying for Show Me Green Sales Tax Holiday			
<input type="checkbox"/> Items Qualifying for Back-To-School Sales Tax Holiday <a href="http://dor.mo.gov/taxation/business/tax-types/sales-use/holidays/">dor.mo.gov/taxation/business/tax-types/sales-use/holidays/</a>			
<input type="checkbox"/> Post-Secondary Educational Textbooks <input type="checkbox"/> Telecommunication Services <input type="checkbox"/> Prepaid Wireless Emergency Telecommunications			
20a. Do you make retail sales of the following items that are subject to additional fees? Select all that apply.			
<input type="checkbox"/> Lead-Acid Batteries <input type="checkbox"/> New Tires <input type="checkbox"/> Prepaid Wireless 911 (Service Charge) <input type="checkbox"/> 911 Enabled Communications Service (Subscriber Fee)			
21. Do you make retail sales of aviation jet fuel to Missouri customers? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are your sales made at: <input type="checkbox"/> A Missouri airport? <input type="checkbox"/> 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide a list of applicable locations. _____			
22. Do you use, store, or consume aviation jet fuel in Missouri where the seller does not collect tax? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the fuel stored, used, or consumed in an airport that is identified on the NPIAS? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide a list of applicable locations: _____			
23. Do you lease or rent motor vehicles that were purchased sales tax exempt, to Missouri customers? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are an out-of-state company, will you lease motor vehicles to a Missouri resident where the lease is entered into outside Missouri and the motor vehicle is delivered outside Missouri? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

24. Do you have a location or job site in Missouri? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____			
24a. Are you a Marketplace Facilitator that facilitates retail sales of tangible personal property or taxable services? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, do you make sales statewide requiring registration of all applicable taxing jurisdictions? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. 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. ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. Do your representatives who reside in Missouri: A. Approve customer orders? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No B. Make on the spot sales? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No C. Maintain an inventory? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No D. Deliver merchandise to the customer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. Do you have non-resident representatives, agents, or temporary employees coming into Missouri on a regular basis? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, define the activities performed while in Missouri. _____			
28. Do you have real or tangible personal property in Missouri? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe: _____			



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29. Is this corporation registered with the Internal Revenue Service as a <input type="checkbox"/> Regular or Close Corporation <input type="checkbox"/> Sub Chapter S Corporation			
30. Corporation Tax Begin Date in Missouri (MM/DD/YYYY) _____ / _____ / _____ Corporation Taxable Year End (MM/DD) _____ / _____			
31. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated tax is expected to be at least \$250, or 4% of the Missouri taxable income, check the "Yes" box ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. Missouri Withholding Begin Date (MM/DD/YYYY) _____ / _____ / _____ How many of your employees will work in Missouri?			
33. Estimated employer withholding tax liability (select one). Your selection will determine your return filing frequency. Estimated monthly gross wages _____ X 4.95% = _____ <input type="checkbox"/> Annually (less than \$100 withholding tax per quarter) <input type="checkbox"/> Monthly (\$500 to \$9,000 withholding tax per month) <input type="checkbox"/> Quarterly (\$100 withholding tax per quarter to \$499 per month) <input type="checkbox"/> Quarter-Monthly (weekly) (over \$9,000 withholding tax per month; required to pay electronically)			
34. Does a parent company file withholding tax reports and receive full compensation for timely filed returns? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. If you do not pay wages year round, please check the months that you do pay wages. <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December			
Withholding Tax Courtesy Mailing Address (a copy of all withholding tax delinquent notices will be mailed to this address)			
36. Business Name (DBA name)			
Street, Route or P.O. Box	City		
County	State	ZIP Code	Business Telephone Number (_____) ____ - ____ -
Transient Employer			
37. Are you a transient employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
An employer not domiciled in Missouri and temporarily transacting business in Missouri for less than 24 consecutive months is defined as a transient employer. (Example: contractor, temporary staffing agency, etc.). For additional information, contact the Department at <a href="mailto:transientemployer@dor.mo.gov">transientemployer@dor.mo.gov</a> or call (573) 751-0459. If you have indicated that you are a transient employer, you must complete the entire Employer Withholding Tax Section above.			
A transient employer must submit the following with this application:		Missouri Employment Security Account Number _____ / _____ / _____ / _____ / _____ / _____	
<ul style="list-style-type: none"> <li>• A completed insurance certification slip indicating Missouri as a covered state for worker's compensation</li> <li>• Missouri Employment Security Account number, if hiring a Missouri resident: (first seven digits required)</li> <li>• Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office</li> <li>• A Transient Employer Bond not less than \$5,000</li> </ul>			
Calculate your transient employer bond:			
A. Missouri withholding tax Monthly gross wages _____ X 4.95% = _____ X 3 = _____ (a)			
B. Missouri unemployment tax Average # of workers _____ X \$7,000 = _____ X 3.38% _____ / 4 = _____ (b)			
(a) _____ + (b) _____ = _____ (amount of bond - minimum \$5,000)			
Visit <a href="http://dor.mo.gov/forms/?formName=&amp;category=13&amp;year=99">dor.mo.gov/forms/?formName=&amp;category=13&amp;year=99</a> for bond forms.			
Type of bond <input type="checkbox"/> Cash Bond (Form 332) <input type="checkbox"/> Certificate of Deposit (Form 4172) <input type="checkbox"/> Irrevocable Letter of Credit (Form 2879) <input type="checkbox"/> Surety Bond (Form 331)			

## Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature	Title	Date (MM/DD/YYYY) ____ / ____ / ____
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Typed or Printed Name	E-mail Address
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## Confidentiality of Tax Records

**Missouri Statute 32.057, RSMo**, states that all tax records and information maintained by the Missouri Department of Revenue 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 the Department with a power of attorney to grant the authority to release confidential information to them. Visit [dor.mo.gov/forms](http://dor.mo.gov/forms) to obtain a Power of Attorney ([Form 2827](#)).

Mail to: Taxation Division

P.O. Box 357  
Jefferson City, MO 65105-0357



Visit [dor.mo.gov/register-business/](http://dor.mo.gov/register-business/) for additional information.

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

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) 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 [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Phone: (573) 751-5860

Fax: (573) 522-1722

E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

Form 2643A (Revised 08-2025)

