

Last Name		First Name	Middle Name
Date of Birth (MM/DD/YYYY) Last Four Digits of SSN Daytime Telephone Number			
(lar	Mailing Address	Maili	ng Address
ption	s s		
o) ssa.	City City		
Old Address (Optional)	County State	ZIP Code Coun	nty State ZIP Code
ō			
Records to be Updated	outboard motor title numbers below.	er car, truck, recreational vehicles	e, cycle, trailer license plates, disabled placards, and boat or  Disabled Placard Number Expiration Year
Reco			Boat or Outboard Motor Title Number
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.  Signature  Printed Name		
Sign	Date (MM/DD/YYYY)	E-mail Address	

Business Tax Records - To request a change of address for a business, complete a Registration Change Request (Form 126).

Form 5805 (Revised 01-2020)

Mail to: Missouri Department of Revenue

P.O. Box 100

Jefferson City, MO 65105-0100

**Business Tax:** (573) 751-3505

To request a change of address online, visit <a href="http://dor.mo.gov/howdoi/addchange.php">http://dor.mo.gov/howdoi/addchange.php</a>.