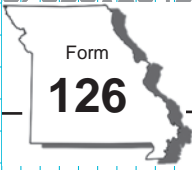


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MISSOURI DEPARTMENT OF REVENUE

Registration or Exemption Change Request

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

Missouri Tax I.D. Number [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

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 section: Change Owner Name To, 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).

Officers, partners, or Members section 1: Add/Remove, Title, Birthdate, Home Address, City, State, Zip Code, County

Officers, partners, or Members section 2: Add/Remove, Title, Birthdate, Home Address, City, State, Zip Code, County

Officers, partners, or Members section 3: Add/Remove, Title, Birthdate, Home Address, City, State, Zip Code, County



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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)<br>____/____/____ | Name (Last, First, Middle Initial) |          |  |  |
| Title  |  | Social Security Number             |          |  | Birthdate (MM/DD/YYYY)<br>____/____/____ |
| Home Address   |  |                                    |          |  |  |
| City   |  | State                              | Zip Code |  | County                                   |

|  |  |                                    |          |  |  |
|--|--|------------------------------------|----------|--|--|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | Title Begin or End Date (MM/DD/YYYY)<br>____/____/____ | Name (Last, First, Middle Initial) |          |  |  |
| Title  |  | Social Security Number             |          |  | Birthdate (MM/DD/YYYY)<br>____/____/____ |
| Home Address   |  |                                    |          |  |  |
| City   |  | State                              | Zip Code |  | County                                   |

|  |  |                                    |          |  |  |
|--|--|------------------------------------|----------|--|--|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | Title Begin or End Date (MM/DD/YYYY)<br>____/____/____ | Name (Last, First, Middle Initial) |          |  |  |
| Title  |  | Social Security Number             |          |  | Birthdate (MM/DD/YYYY)<br>____/____/____ |
| 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)<br>____/____/____ |  |  |

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)<br>____/____/____ |  |        |
| 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.

|           |                                      |
|-----------|--------------------------------------|
| Signature | Printed Name                         |
| Title     | Date (MM/DD/YYYY)<br>___ / ___ / ___ |

**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 <https://dor.mo.gov/business/register/> for additional information.