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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.

## 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	
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Change Owner or Organization Street Address To

City	State	ZIP Code	County
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## 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).

<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 _____			

[illegible]

<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 _____			



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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) ____/____/____	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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<b>Sales and Use Tax</b>	Is this business located inside the city limits of any city or municipality in Missouri? For help determining this visit <a href="http://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation">mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation</a> <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify the city: _____	
	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): _____	
	Change Sales and Use Tax Filing Frequency To: <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) *Continue current filing until this change is verified by the Department.	
	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 <input type="checkbox"/> Lead-Acid Batteries <input type="checkbox"/> Lease or Rent Motor Vehicles <input type="checkbox"/> New Tires <input type="checkbox"/> Post-Secondary Educational Textbooks <input type="checkbox"/> Telecommunication Services <input type="checkbox"/> 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? ..... <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: _____	
	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: _____		

<b>Withholding Tax</b>	<input type="checkbox"/> I would like to change from a transient employer to a regular employer. (Must have filed 24 consecutive months in Missouri)		<b>Corporate Income Tax</b>
	Change* Withholding Tax Filing Frequency To: <input type="checkbox"/> Annually (less than \$100 withholding tax per quarter)    *Continue current filing until this change is verified by the Department. <input type="checkbox"/> Quarterly (\$100 withholding tax per quarter to \$499 per month) <input type="checkbox"/> Monthly (\$500 to \$9,000 withholding tax per month) <input type="checkbox"/> Quarter-Monthly (weekly) (over \$9,000 withholding tax per month, required to pay electronically)		
Change the corporation taxable year end to: (MM/DD) ____ / ____			

Comments

<b>Signature</b>	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)



Form 126 (Revised 08-2021)

### Exemption Change

**Mail to:** Taxation Division  
P.O. Box 358  
Jefferson City, MO 65105-0358

**Phone:** (573) 751-2836 Visit [dor.mo.gov/register-business/](http://dor.mo.gov/register-business/) for additional information.  
**TTY:** (800) 735-2966  
**Fax:** (573) 522-1271  
**E-mail:** [salestaxexemptions@dor.mo.gov](mailto:salestaxexemptions@dor.mo.gov)

### 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/).