Missouri Sales or Use Tax Exemption Application

Submit the listed items to ensure the Department of Revenue (Department) can process your exemption application. Submit all required information to avoid a delay or denial of your exemption letter. Federal or Missouri state agencies, Missouri political subdivisions, elementary and secondary schools operated at public expense, or schools of higher education are not required to furnish the documents below (see instructions).

- Application A fully completed and signed Missouri Sales or Use Tax Exemption Application (Form 1746)
- Determination of Exemption A copy of IRS determination of exemption, Federal Form 501(c). Federal, state, Missouri political subdivisions or agencies, public elementary, secondary, or higher education schools or universities are not required to submit a Federal Form 501(c).
- Certificate of Incorporation or Registration A copy of the Certificate of Incorporation or Registration issued by the Missouri Secretary of State, if registered or incorporated
- · Bylaws A copy of the organization's bylaws
- Financial Statement A three-year financial statement (or number of years in existence if less than three) providing sources and amounts of income and expenses. A three-year financial statement is determined by the date of incorporation or the date the 501(c) exemption was issued.
- If the organization is less than six months old a projected budget for one year should be provided. The projected budget must include sources and amounts of income and expenses for one year.

The financial statement can be in the form of a spreadsheet, ledger book, or you may submit copies of all pages of the Internal Revenue Service (IRS) Return of Organization Exempt From Income Tax (Form 990). All schedules must include detailed information to avoid a delay in processing your application. The Department does not accept bank statements. If abbreviations are used, provide an explanation.

- Cooperative Marketing Association Attach the following:
 - Documentation verifying your payment of the annual registration fee;
 - A copy of the most recent annual report filed with the Missouri Secretary of State; and
 - A copy of the articles of incorporation that details that the corporation is organized as a nonprofit, non-stock corporation under Section 274.030 RSMo.

S Exemption Ruling

Instructions

If you are registered with the IRS and have received a 501(c) letter, you must attach a copy of the most current letter of exemption issued to you by the IRS.

If you have not received an exemption letter from the IRS, you can obtain an Application for Recognition of Exemption (Form 1023) by visiting their website at <u>irs.gov</u> or call (877) 829-5500.

Missouri Tax I.D. Number

If you have been issued a Missouri Tax I.D. Number by the Department, enter that number in the space provided. Providing your Missouri Tax I.D. Number will ensure the Department registers your organization accurately.

Incorporated Organizations

If you are incorporated in Missouri, check "Missouri Corporation" and provide the required information. If you are an out-of-state corporation, and own property in Missouri, check the "Out-of-State Corporation" box and provide the required information.

Mailing Address

If correspondence should be mailed to an address other than the address of the organization or agency, provide the address to be used for mailing purposes (i.e., officer's, accountant's, or lawyer's address, etc.) P.O. Box may be used.

Record Storage

If the books and records are kept at an address (location) other than that of the organization, agency, or mailing address, provide the address.

Attachments

The attachments are used to determine whether an organization is exempt under Missouri law. Please remember to include all attachments pertaining to your organization. If you do not include all required attachments, it could result in a delay in issuing your exemption letter or a denial of your application.

Out of state organizations applying for a Missouri exemption letter must provide a copy of the sales and use tax exemption letter issued to the organization in their home state.

Department Use Only REVENUE Form **0**5 (MM/DD/YY) 1746₹ Missouri Sales or Use Tax Exemption Application **0**6 07 08 09 10 Missouri Tax I.D. Federal Employer 11 Number I.D. Number 12 13 Qualifying For Exemption As: (select one) 14 Charitable (Benefits the common good and welfare of the Public Elementary or Secondary Education 15 community, not only within the organization, while relieving government of a financial burden that it would otherwise be Private Not-For-Profit Elementary and Secondary Education 16 required to meet) (Must have received accreditation) 17 18 Religious (Churches, ministries, and religious groups. Exemption Higher Education (Must have received accreditation) Type of Exemption 19 applies to sales and purchases only if within the organization's 20 religious, charitable, or educational functions) Missouri Political Subdivision (Out-of-state politica 21 22 23 24 25 26 27 28 29 subdivisions do not qualify) Not-For-Profit Civic (Benefiting the citizenry at large on an unrestricted basis. Exemption applies only if the sale or purchase Federal or Missouri State Agency is made for the organization's civic or charitable functions and activities) Missouri Cooperative Marketing Association (Exemption applies to purchases and only exempts state sales Not-For-Profit Social, Service, Fraternal tax. All purchases remain subject to local sales tax and all use (Exemption applies only if the sale or purchase is made for the taxes). By checking this box you are affirming that the association organization's civic or charitable functions and activities, and not does at least 25% of its business with its members general operations of the organization) NOTE: Unions, political organizations, and home owner associations do not qualify for a Missouri sales or use tax exemption. 31 Missouri Charter Number Date Incorporated (MM/DD/YYYY) 32 Missouri Corporation 33 34 Date Registered in Missouri (MM/DD/YYYY) | State of Incorporation Missouri Certificate of Authority No Out-of-State Corporation 35 36 37 Organization Name 38 39 Street Address - Do not use P.O. Box or Rural Route Phone Number 40 Organization Name and Address 41 City ZIP Code County State 42 43 Website Address E-mail Address 44 45 Does your organization own property in Missouri? Yes No 46 47 Is your organization exempt from property tax? Tyes No Date organization originated (MM/DD/YY 48 Does your organization make retail sale? Tyes No If you answered "Yes", describe the frequency and type of sales you make. 49 40 51 Mailing Address (If different than Organization Address) Mailing Address 52 53 54 55 56 57 Street Address or P.O. Box City State ZIP Code County 58 59 50 61 62

0000000

Street Address City State ZI Name (Last, First, Middle Initial) Title Social Security Number Birthdate (MM/DD/YYYYY					
Name (Last, First, Middle Initial) Street Address City State Zitreet Address City State Zitreet Address City State City State Zitreet Address Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regu	Record Storage Address (Do not use P.O. Box or Rural Route)				
Name (Last, First, Middle Initial) Street Address City State Zitreet Address City State Zitreet Address City State City State Zitreet Address Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regulators are such that I will remain knowledgeable of the statutes and regu	Street Address (Do not use P.O. Box or Rural Route)				
Street Address City State Zi Name (Last, First, Middle Initial) Title Social Security Number Birthdate (MM/DD/YYYY Street Address City State Zi In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exletter. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the abovenorganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities. It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will resummediate revocation of any exemption letter issued to this organization or agency. An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include at Attorney (Form 2827) signed by an officer, member, or responsible person listed on the application. Signature of Officer or Responsible Person Title Printed Name	State ZIP Code County	State	City		
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint	Social Security Number Birthdate (MM/DD/YYYY)	Title	Name (Last, First, Middle Initial)		
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint	City State ZIP Code		Street Address		
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the explaint the present that I will immediate explaint the explaint	Social Security Number Birthdate (MM/DD/YYYY)	Title	Name (Last, First, Middle Initial)		
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempts that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities. It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will result immediate revocation of any exemption letter issued to this organization or agency. An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include a lattorney (Form 2827) signed by an officer, member, or responsible person listed on the application. Signature of Officer or Responsible Person Title Printed Name E-mail Address	City State ZIP Code		Street Address		
nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization or agency would no longer qualify as exempt, either because of a change in the law or because of a material change in the organization's or agency's nature, purpose, or activities. It is understood that any misrepresentation contained herein or failure on my part to fulfill the promises entered into here will rest immediate revocation of any exemption letter issued to this organization or agency. An officer, member, or responsible person must sign the application. If a power of attorney signs the application, you must include a lattorney (Form 2827) signed by an officer, member, or responsible person listed on the application. Signature of Officer or Responsible Person Title Printed Name E-mail Address	inal purpose and the main activities. Explain the intended use of the exemption	marize the primary organizational purp	letter.		
Printed Name E-mail Address	r agency are the same as they were when the attached documents were issued cable of the statutes and regulations governing sales or use tax exemptions and umstances which could reasonably lead me to believe that the above-named because of a change in the law or because of a material change in the r failure on my part to fulfill the promises entered into here will result in the ization or agency. tion. If a power of attorney signs the application, you must include a Power of the person listed on the application.	e above-named organization or agency e; that I will remain knowledgeable of partment of any change in circumstance nger qualify as exempt, either because surpose, or activities. esentation contained herein or failure tion letter issued to this organization of person must sign the application. If officer, member, or responsible person	nature, purpose and activities of the above and will continue to remain the same; that I that I will immediately notify the Departmen organization or agency would no longer que organization's or agency's nature, purpose. It is understood that any misrepresentation immediate revocation of any exemption lett An officer, member, or responsible person Attorney (Form 2827) signed by an officer,		
Social Security Number Date of Birth (MM/DD/YYYY) Date (MM/DD/YYYY)					
		, i	Social Security Number		

onfidentiality of Tax

Missouri Statute <u>32.057, RSMo</u>, states that all tax records and information maintained by the Department 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 us with a power of attorney giving us the authority to release confidential information to them.

If your officers, members, or responsible persons change, you must update your registration with the Department by completing a Registration or Exemption Change Request (Form 126), before we can release tax information to those new officers, members, or responsible persons.

Mail to: Taxation Division

P.O. Box 358

Jefferson City, MO 65105-0358

Phone: (573) 751-2836 Fax: (573) 522-1666 TTY: (800) 735-2966



E-mail: salestaxexemptions@dor.mo.gov

Form 1746 (Revised 11-2019)

 $\label{thm:constraints} \mbox{Visit $\underline{\mbox{dor.mo.gov/taxation/business/tax-types/sales-use/}$ for additional information.} \\$

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

If yes, visit <u>dor.mo.gov/military/</u> 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 <u>veteranbenefits.mo.gov/state-benefits/.</u>



14013020001