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000	3000	991111111111122222222233333333334444444444	8								
N T \ \ \ \ \ \ \	7	89012345678901234567890123456789012345678901234567890123456789012345678901234567890123	40								
0	7	Form REVENUE Department Use Only (MM/DD/YY)	T								
0	5_	2643A Missouri Tax Registration Application	$\Box$								
0	4		4								
01 01			+								
1		ouri Tax I.D.	+								
1		ber	T								
1	2 (0)	Answer all questions completely. Incomplete and unsigned applications will delay processing.	Ι								
1	3	3. Select all tax types for which you are applying:	_								
1	<del> </del>	Sales from a Missouri business location Missouri Employer Withholding Tax Purchase of Existing Business	+								
1	Application		+								
1	lica	Temporary Retail Sales (Less than 191 days)  Domestic or Household Employee  Converted (must have converted)									
1	3 dd	Retail Liquor or Alcohol Sales Transient Employer*									
1	j.	Regular Withholding  Temporary Retail Sales (Less than 191 days)  Domestic or Household Employee  Retail Liquor or Alcohol Sales  Transient Employer*  Sales or Purchases from an out-of-state location  Corporate Tax  Corporate Income  Consumer's Use (Missouri purchases)  Regular Withholding  Domestic or Household Employee  Transient Employer*  State's office)  Court Appointed Receiver  Other:	4								
20	on 1	Vendor's Use Corporate Income Court Appointed Receiver	+								
2	ea	Consumer's Use (Missouri purchases Corporate Franchise Other:	$^{\dagger}$								
2	3 ~	where tax is not collected.) *Bond Required									
2:	4	Don't Required	_								
2!		4. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)	$\perp$								
2	<u>و</u> د		+								
21	mati	Address E-mail Address	$^{\dagger}$								
21 21 21 21 31	for	City	I								
3			4								
3	Owner Information	If an individual is listed as the owner, you must also provide the following:									
3:		Social Security Number Date of Birth (MM/DD/YYYY) Telephone Number	+								
31	1		I								
3		5. Ownership Type	$\perp$								
3	<u> </u>	All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register	+								
31	3	at 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.	+								
3	/pe	Limited Partnership - LP Number Number Not Required to register with Missouri Secretary	I								
4(	Ownership Type	Limited Liability Partnership - LLP Number of State	4								
4	ßhi	Limited Liability Company - LLC Number	+								
14 ·	vnei	Taxed as a Disregarded Entity Partnership Corporation	+								
<u>т</u> ,	ó	Missouri Corporation - Missouri Charter No.	+								
4!	5	Date Incorporated (MM/DD/YYYY)	I								
4(	5	Non-Missouri Corporation - Missouri Charter No.	4								
<u></u> 4		State of Incorporation Date Registered in Missouri (MM/DD/YYYY)	+								
4			+								
4	ے ا	6. Is there a previous owner or operator for the business?   Yes* No *If yes, the following section must be completed.									
5	Owner Information	Select any of the following that you purchased from the previous owner:  Inventory  Fixtures  Equipment  Real Estate	4								
5	2	Other	+								
	Infe	Purchase Price	+								
5	ner		T								
51	ð	Name of Previous Owner or Operator Missouri Tax Identification Number	I								
5	Previous	Physical Location of Previous Business City State ZIP Code	4								
5	evi E		+								
<u> </u>	_	Address of Previous Business City State ZIP Code	+								
6			_								
33 34 44 44 44 44 44 44 44 45 55 56 56 66 66 66 66	2		4								
6;	3	14606010001	+								
6!	+	<del></del>	+								
61			+								

တ္က	Reporting forms and notices will be mailed to this address.										
Mailing and Storage Address	7. Address (street, rural route or P.O. Box)				City				State		ZIP Code
age A	Company Name if different than owner										
ğ	Which forms do you want mailed to this address?										
and	All Tax Types Sales and Use Tax Corporate Income Tax Employer Withholding Tax										
Address where you will store your tax records (do not use a P.O. Box for record storage).											
Mall	8. Physical Address				City				State		ZIP Code
	<ol><li>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.</li></ol>										
n	Name (Last, First, Middle Initial)				Title						
empe	Social Security Number			Federal Employer ID Nur			er (FEIN)	Date of Birth (MM/DD/YYYY)		th (MM/DD/YYYY) /	
, or M	Home Address						City		·		
Officers, Partners, or Members	State	ZIP Code	County				Title Begin Date (MM/DD/YYYY)				
λ, B	Name (Last, First, Middle Initial)				Title						
<u>ဗ</u>	Social Security Number	1 1	Fede	eral Emp	oloyer ID Nu	mbe	er (FEIN)		Date	of Bir	th (MM/DD/YYYY)
5	Home Address City										
	State	ZIP Code		County	/				Title Beg	jin Dat	te (MM/DD/YYYY)
	Business Tax Accounts: Identify a control over tax matters whom you	•		•		•	, .				have direct supervision or
tives	Title Begin or End Date (MM/DD/YYYY) Name (Last, First, Middle Initial)										
Kepresentatives	Title			Social Security Number				Birthdate (MM/DD/YYYY)		date (MM/DD/YYYY) _ / /	
керг	Home Address										
	City		State				ZIP Code	)			County
Retail Sales, Consumer's or Vendor's Use Tax											
) Jugo	11. Taxable Sales or Purchases Begin Date (MM/DD/YYYY)/										
o ve	(Example: fireworks, temporary event, etc.) Begins/ Ends/ Ends/										
ners	13. Seasonal Business: If you do not make taxable sales year round, please check the months that you do.  January February March April May June July August September October November December										
usu I	14. Estimated sales and use tax liability (select one). Your selection will determine your return filing frequency.										
	Monthly (Over \$500 a month) Quarterly (\$500 or less a month) Annual (Less than \$200 a quarter)										
Sales											
Ketall											

	15. Business Name (DBA name: attach list if necessary for additional locations)								
5	Street, Highway (Do not use P.O. Box Number or Rural Ro	oute Number)	City						
and Filysical Location	County Stat	۵	ZIP Code Business Telephone Number						
Ē Ē	County	6	ZIF Code	()					
Š	16. Will sales be made at various temporary locations in Missouri?								
Ē	No Yes—Attach a list of all known locations. If no Missouri location is given during initial registration, a general location will be used.								
ile allo	17. Is this business located inside the city limits of any city or municipality in Missouri?  To verify go to <a href="mailto:mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation">mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation</a>								
DUSINESS NAME	No Yes — Specify the city:								
20	No Yes — Specify the district name(s):								
IISN	19. Describe the business activity, stating the major products sold and services provided								
۵									
	Retail%	Service%	Manufacturer	Contractor Other					
	20. Do you make retail sales of the following items?	Select all that apply.							
	Alcoholic Beverages Alternative Nicot			_					
	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 dor.mo.gov/taxation/business/tax-types/sales-use/holidays/								
	<ul> <li>New Tires</li> <li>Post-Secondary Educational Textbooks</li> <li>Telecommunication Services</li> <li>Qualifying Utilities or Items Used or Consumed in Manufacturing or Mining, Research and Development, or Processing Recovered Materials.</li> </ul>								
VILY	_	•	•						
2	21. Do you make retail sales of aviation jet fuel to Missouri customers?								
20	A Missouri airport? A location outside Missouri and the fuel is transported into Missouri?								
Dusilless Activity	If yes, is the airport located in Missouri and identified on the National Plan of Integrated Airport Systems (NPIAS)?								
ត្	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?								
	If yes, is the fuel stored, used, or consumed in an airport that is identified on the NPIAS?								
23. Do you lease or rent motor vehicles that were purchased sales tax exempt, to Missouri customers?									
	If you are an out-of-state company, will you lease motor vehicles to a Missouri resident where the lease is entered into								
					Yes No				
	If you are an out-of-state entity doing business	-		-					
	24. Do you have a location or job site in Missouri? .  If yes, attach a list of your locations including a				Yes No				
	the city limits.								
	25. Are orders taken from your Missouri customers by telephone, non-resident salesmen, etc.? If resident salesmen, attach								
od II)	a list where they live and indicate if they are ins		nits		Yes No				
٥	Do your representatives who reside in Missouri     A. Approve customer orders?								
ב פ	B. Make on the spot sales?								
Out-oi-state company	C. Maintain an inventory?				= $=$ $ $				
Į.	D. Deliver merchandise to the customer?								
วี			_	_					
	If yes, define the activities performed while in N								
	28. Do you have real or tangible personal property				Yes No				
	If yes, please describe:								

Corporate Income Tax	29. Is this corporation registered with the Internal Revenue Service as a Regular or Close Corporation Sub Chapter S Corporation								
	30. Corporation Tax Begin Date in Missouri (MM/DD/YYYY)  Corporation Taxable Year End (MM/DD)  ——————————————————————————————————								
ora	31. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated								
Corp	tax is expected to be at least \$250, or 6.25% of the Missouri taxable income, check the "Yes" box								
	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 5.4% = Monthly (\$500 to \$9,000 withholding tax per month)								
	_								
	Quarterly (\$100 withholding tax per quarter to \$499 Quarter-Monthly (weekly) (over \$9,000 withholding tax per month; required to pay electronically)								
	34. Does a parent company file withholding tax re	ports and receive full compen	sation for timely filed ret	urns?	Yes N				
	35. If you do not pay wages year round, please check the months that you do pay wages.								
	Withholding Tax Courtesy Mailing Address (a co	ppy of all withholding tax delir	nquent notices will be m	nailed to this address)					
Тах	36. Business Name (DBA name)	,,		,					
lding	Street, Route or P.O. Box		City						
<b>Employer Withholding</b>	County	State	ZIP Code	Business Telephone Nun	usiness Telephone Number				
er \	Transient Employer			,					
<u>lo</u>	37. Are you a transient employer?								
m.	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, et								
	(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.								
	A transient employer must submit the following with this application:  • A completed insurance certification slip indicating Missouri as a covered state for worker's compensation  Missouri Employment Security Account I								
	Missouri Employment Security Account number,	_							
	<ul> <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 3 =	(				
	B. Missouri unemployment tax Average # of workers _		X 3.38%	/4=_	(b				
	(a)+ (b)	=	(amo	ount of bond - minimum \$5	,000)				
	Visit dor.mo.gov/forms/?formName=&category=13&year=99 for bond forms.								
	Type of bond Cash Bond (Form 332) Certificate of Deposit (Form 4172) Irrevocable Letter of Credit (Form 2879) Surety Bond (Form 331)								
	Comments:								
	Index panalties of parity. I declare that the above information and any attached cumplement in true complete, and correct. This application must be sized by the correct.								
	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.								
ture	Signature	Title		,	Date (MM/DD/YYYY)				
Signature	Typed or Printed Name	E-mail Addre	E-mail Address						
•	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 to obtain a Power of								
	Attorney (Form 2827).				Form 2643A (Revised 08-202				
	to: Tayatian Division								

Mail to: Taxation Division

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

Phone: (573) 751-5860 Fax: (573) 522-1722

E-mail: businesstaxregister@dor.mo.gov

Visit 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/ 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/.

