



Missouri Department of Revenue
Registration or Exemption Change Request

Department Use Only
(MM/DD/YY)

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Missouri Tax I.D.
Number

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Federal Employer
I.D. Number

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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 | | | |
| | 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 |
| | <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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|-----------------|---|------|--------------------------------------|----------|--------|
| 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) / / | |



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|----------------------|--|-------|---|--------|
| 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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| 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://dors.mo.gov/tax/strgis/index.jsp . <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 (\$500 or more per month in tax) <input type="checkbox"/> Quarterly (Less than \$500 per month in tax) <input type="checkbox"/> 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. | | | |
| | <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: _____ | | | | |

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|------------------------|---|--|-----------------------------|
| Withholding Tax | <input type="checkbox"/> I would like to change from a transient employer to a regular employer. (Must have filed 24 consecutive months in Missouri) | | Corporate Income Tax |
| | Change* Withholding Tax Filing Frequency To: | | |
| | <input type="checkbox"/> Monthly (\$500 or more per month in tax) <input type="checkbox"/> Quarterly (Less than \$500 per month in tax) <input type="checkbox"/> Annually (Less than \$45 per quarter in tax) <input type="checkbox"/> Quarter-Monthly (Over \$9,000 per month in tax) | | |

*Continue current filing until this change is verified by the Department.

Change the corporation taxable year end to:

 (MM/DD) ____/____

Comments

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|------------------|--|-------------------------------------|
| 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) ____/____/____ |

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

**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

Visit
<http://dor.mo.gov/business/register/>
for additional information.