



MISSOURI DEPARTMENT OF REVENUE  
 TAXATION DIVISION  
 PO BOX 3300, JEFFERSON CITY, MO 65105  
**REGISTRATION CHANGE REQUEST**

FORM  
**126**  
 (REV. 09-2010)

DLN (DOR USE ONLY)

**PLEASE USE THIS FORM TO MAKE CHANGES TO YOUR SALES/USE TAX, EMPLOYER WITHHOLDING TAX, CORPORATE INCOME / FRANCHISE TAX, OR EXEMPTION REGISTRATION RECORDS. NOTE: PLEASE TYPE OR PRINT.**

SALES/USE, EMPLOYER WITHHOLDING, TAX EXEMPTION NUMBER OR CORPORATE INCOME / FRANCHISE TAX NUMBER \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

BUSINESS OWNER/ORGANIZATION NAME CURRENTLY ON FILE (ENTER CORPORATION NAME IF APPLICABLE)

PHONE NUMBER

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BUSINESS OWNER/ORGANIZATION ADDRESS CURRENTLY ON FILE

CITY

STATE

ZIP CODE

COUNTY

**PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS: (COMPLETE ALL APPROPRIATE ITEMS)**

**1. CHANGE OWNER NAME TO:** (IF NAME CHANGE IS DUE TO A CHANGE IN OWNERSHIP A MISSOURI TAX REGISTRATION APPLICATION MUST BE COMPLETED.) NOT APPLICABLE ON EXEMPTIONS.

REASON FOR NAME CHANGE (PLEASE CHECK ONE)  NEW OWNERSHIP  NAME CHANGE ONLY

**2. CHANGE OWNER ADDRESS TO:**

CITY

STATE

ZIP CODE

COUNTY

**3. CHANGE BUSINESS NAME (DOING BUSINESS AS) TO:**

4.  ADD  DELETE RETAIL LIQUOR SALES ON THIS BUSINESS

**5. CHANGE OF RESPONSIBLE PERSONS, PARTNERS, OFFICERS, OR MEMBERS:** (ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.)  
 (If adding or deleting a partner from a partnership account, all partners must sign this form including the partner being deleted/added. If deleting partners and only one partner remains, you must apply for a new tax number. Close your partnership account and complete Form 2643 to apply for a new sole owner account.)

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)			TITLE	
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)			TITLE	
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)			TITLE	
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)			TITLE	
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN _____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	

ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.

**6. CHANGE SALES/USE TAX FILING FREQUENCY TO:** Effective Date: \_\_\_\_\_  
 MONTHLY (SALES TAX \$500 OR MORE PER MONTH)  QUARTERLY (SALES TAX LESS THAN \$500 PER MONTH)  ANNUALLY (SALES TAX LESS THAN \$45 PER QUARTER)

**7. CHANGE EMPLOYER WITHHOLDING TAX FILING FREQUENCY TO:** Effective Date: \_\_\_\_\_  
 MONTHLY (WITHHOLDING TAX \$500 OR MORE PER MONTH)  ANNUALLY (WITHHOLDING TAX LESS THAN \$45 PER QUARTER)  
 QUARTERLY (WITHHOLDING TAX LESS THAN \$500 PER MONTH)  QUARTER/MONTHLY (WITHHOLDING TAX OVER \$9,000 PER MONTH) (Required to pay electronically)

8.  I WOULD LIKE TO CHANGE FROM A TRANSIENT EMPLOYER TO A REGULAR EMPLOYER. (MUST HAVE FILED 24 CONSECUTIVE MONTHS IN MISSOURI.)

9. CHANGE THE CORPORATION TAXABLE YEAR END TO: M M D D

10. CHANGE MAILING ADDRESS FOR:  EXEMPTION  SALES/USE TAX  CORPORATE INCOME / FRANCHISE TAX  EMPLOYER WITHHOLDING TAX  ALL TAX TYPES

IN CARE OF (NOT REQUIRED) STREET, ROUTE OR PO BOX

CITY STATE ZIP CODE COUNTY

11. OPEN THE FOLLOWING NEW PHYSICAL BUSINESS LOCATION FOR:  SALES TAX  CONSUMER'S USE TAX  VENDOR'S USE TAX

BUSINESS NAME STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY STATE ZIP COUNTY TAXABLE SALES BEGIN DATE M M D D Y Y Y Y

(To find out if this location is inside the city limits or in a district, go to https://dors.mo.gov/tax/strgis/index.jsp) Is this business located inside the city limits of any city or municipality in Missouri?  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):

DO YOU LEASE/RENT MOTOR VEHICLES FROM THIS LOCATION, THAT WERE PURCHASED SALES TAX EXEMPT, TO MISSOURI CUSTOMERS?  YES  NO
DO YOU SELL POST-SECONDARY EDUCATIONAL TEXTBOOKS?  YES  NO
DO YOU SELL FOOD ITEMS FROM THIS LOCATION THAT ARE EXEMPT FROM STATE SALES TAX?  YES  NO
DO YOU SELL DOMESTIC UTILITIES AT THIS LOCATION?  YES  NO
DO YOU SELL CIGARETTES OR OTHER TOBACCO PRODUCTS FROM THIS LOCATION?  YES  NO
DO YOU MAKE RETAIL SALES OF AVIATION JET FUEL TO MISSOURI CUSTOMERS? (PLEASE PROVIDE A LIST OF ALL APPLICABLE LOCATIONS)  YES  NO
If yes, are your sales made from a:
a. Missouri location? (Your account will be registered for retail sales tax of jet fuel)  YES  NO
b. State other than Missouri? (Your account will be registered for vendor's use tax of jet fuel)  YES  NO
Is the Missouri customer whose storage, use, or consumption at an airport eligible to apply for federal grant funds?  YES  NO
DO YOU USE, STORE, OR CONSUME AVIATION JET FUEL WHERE THE SELLER DOES NOT COLLECT TAX?  YES  NO
If yes, is the fuel stored, used, or consumed in an airport that is eligible to apply for federal grant funds?  YES  NO
(If yes, your account will be registered for consumer's use tax of jet fuel. Please provide a list of applicable locations)
DO YOU MAKE RETAIL SALES OF NEW TIRES?  YES  NO
DO YOU MAKE RETAIL SALES OF LEAD-ACID BATTERIES?  YES  NO
DO YOU MAKE RETAIL SALES OF QUALIFYING SALES TAX HOLIDAY BACK-TO-SCHOOL PURCHASES?  YES  NO
DO YOU MAKE RETAIL SALES OF ENERGY STAR CERTIFIED APPLIANCES THAT QUALIFY FOR THE "SHOW ME GREEN SALES TAX HOLIDAY"?  YES  NO
DO YOU PROVIDE TELECOMMUNICATIONS SERVICE SUBJECT TO MISSOURI RETAIL SALES TAX?  YES  NO
DO YOU MAKE RETAIL SALES OF QUALIFYING UTILITIES OR ITEMS USED OR CONSUMED IN MANUFACTURING OR MINING, RESEARCH AND DEVELOPMENT OR PROCESSING RECOVERED MATERIALS?  YES  NO
DO YOU SELL ANY TYPE OF ALCOLHOLIC BEVERAGE?  YES  NO

12. CLOSE THE FOLLOWING BUSINESS LOCATION FOR:  SALES TAX  CONSUMER'S USE TAX  VENDOR'S USE TAX  EMPLOYER WITHHOLDING TAX

BUSINESS NAME STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS) STATE ZIP COUNTY DATE OF CLOSING M M D D Y Y Y Y

COMMENTS

UNDER PENALTIES OF PERJURY, I DECLARE THAT THE ABOVE INFORMATION AND ANY ATTACHED SUPPLEMENTS ARE 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 A L.L.C AS REPORTED ON THIS APPLICATION.

SIGNATURE TITLE DATE

RETURN THIS FORM TO: TAXATION DIVISION, PO BOX 3300, JEFFERSON CITY, MO 65105-3300
IF YOU HAVE QUESTIONS: Phone: (573) 751-5860 TDD (800) 735-2966 FAX: 573-522-1722
E-mail: businesstaxregister@dor.mo.gov