



Missouri Department of Revenue
Missouri Sales or Use Tax Exemption Application

Department Use Only
 (MM/DD/YY)

--	--	--	--	--	--

Missouri Tax I.D.
 Number

--	--	--	--	--	--	--	--

Federal Employer
 I.D. Number

--	--	--	--	--	--	--	--

Type of Exemption

Qualifying For Exemption As: (select one)

- | | |
|---|---|
| <input type="checkbox"/> Charitable (Benefits the common good and welfare of the community, not only within the organization, while relieving government of a financial burden that it would otherwise be required to meet) | <input type="checkbox"/> Public Elementary or Secondary Education |
| <input type="checkbox"/> Religious (Churches, ministries, and religious groups. Exemption applies to sales and purchases only if within the organization's religious, charitable, or educational functions) | <input type="checkbox"/> Private Not-For-Profit Elementary and Secondary Education (Must have received accreditation) |
| <input type="checkbox"/> Not-For-Profit Civic (Benefiting the citizenry at large on an unrestricted basis. Exemption applies only if the sale or purchase is made for the organization's civic or charitable functions and activities) | <input type="checkbox"/> Higher Education (Must have received accreditation) |
| <input type="checkbox"/> Not-For-Profit Social, Service, Fraternal (Exemption applies only if the sale or purchase is made for the organization's civic or charitable functions and activities, and not general operations of the organization) | <input type="checkbox"/> Missouri Political Subdivision (Out-of-state political subdivisions do not qualify) |
| | <input type="checkbox"/> Federal or Missouri State Agency |
| | <input type="checkbox"/> Missouri Cooperative Marketing Association (Exemption applies to purchases and only exempts state sales tax. All purchases remain subject to local sales tax and all use taxes). By checking this box you are affirming that the association does at least 25% of its business with its members. |

NOTE: Unions, political organizations, and home owner associations do not qualify for a Missouri sales or use tax exemption.

Incorporated Organizations

<input type="checkbox"/> Missouri Corporation	Missouri Charter Number	Date Incorporated (MM/DD/YYYY)	
		___/___/___	
<input type="checkbox"/> Out-of-State Corporation	Missouri Certificate of Authority No.	Date Registered in Missouri (MM/DD/YYYY)	State of Incorporation
		___/___/___	

Organization Name and Address

Organization Name			
Street Address - Do not use P.O. Box or Rural Route		Phone Number	
		(____) _____	
City	State	Zip Code	County
Website Address		E-mail Address	
Does your organization own property in Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your organization exempt from property tax? <input type="checkbox"/> Yes <input type="checkbox"/> No Date organization originated (MM/DD/YYYY): ___/___/___			
Does your organization make retail sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes", describe the frequency and type of sales you make.			

Mailing Address

Mailing Address (If different than Organization Address)			
Street Address or P.O. Box			
City	State	Zip Code	County



Record Storage	Record Storage Address (Do not use P.O. Box or Rural Route)			
	Street Address (Do not use P.O. Box or Rural Route)			
	City	State	Zip Code	County

Organization or Agency Officers	Name (Last, First, Middle Initial)	Title	Social Security Number	Birthdate (MM/DD/YYYY)	
	Street Address		City	State	Zip Code
	Name (Last, First, Middle Initial)	Title	Social Security Number	Birthdate (MM/DD/YYYY)	
	Street Address		City	State	Zip Code

Description of Organization	In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exemption letter.
------------------------------------	---

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the present nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were issued and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exemptions and that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-named organization 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 in the 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 Power of Attorney (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	
Social Security Number	Date of Birth (MM/DD/YYYY)	Date (MM/DD/YYYY)	

Confidentiality of Tax Records	Missouri Statute 32.057, RSMo , 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.

Form 1746 (Revised 11-2016)

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 dor.mo.gov/business/sales/
for additional information.



14013020001