



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
 P.O. BOX 358
 JEFFERSON CITY, MISSOURI 65105-0358
 (573) 751-2836 FAX: (573) 751-9409
 E-mail: salestaxexemptions@dor.mo.gov

FORM
1746R
 (REV. 09-2012)

MISSOURI SALES OR USE TAX EXEMPTION RENEWAL APPLICATION

1. MISSOURI TAX ID NUMBER	2. FEDERAL ID NUMBER
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ORGANIZATION NAME AND LOCATION

3. ORGANIZATION NAME

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE		PHONE (____) _____ - _____	
CITY	STATE	ZIP CODE	COUNTY
DOES YOUR ORGANIZATION OWN PROPERTY IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO		WEB SITE ADDRESS	

IS YOUR ORGANIZATION EXEMPT FROM PROPERTY TAX? YES NO DATE ORGANIZATION ORIGINATED: _____

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 _____

MAILING ADDRESS

4. MAILING ADDRESS (IF DIFFERENT THAN ORGANIZATION ADDRESS)

STREET ADDRESS OR P.O. BOX			
CITY	STATE	ZIP CODE	COUNTY

ORGANIZATION OR AGENCY OFFICERS

5. 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 ____

ATTACHMENTS

ATTACH a complete financial history for the last three years (or number of years in existence if less than three) indicating sources and amounts of income and a breakdown of expenditures.
Provide a written description of civic or charitable activities. Please be specific and provide examples.

SIGNATURE

6. I swear or affirm:

- That the information reported in this form and any attached supplements is true and correct as to every material matter;
- 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 and use tax exemptions and that I will immediately notify the Missouri Department of Revenue, 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.
- That I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax.

PRINT NAME	E-MAIL ADDRESS		
SIGNATURE OF OFFICER OR RESPONSIBLE PERSON	TITLE	DATE (MM/DD/YYYY) ____/____/____	

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 us with a power of attorney giving us the authority to release confidential information to them.