Missouri Sales or Use Tax Exemption Application

Submit the listed items to ensure the Department of Revenue (Department) can process your exemption application. Submit all required information to avoid a delay or denial of your exemption letter. Federal or Missouri state agencies, Missouri political subdivisions, elementary and secondary schools operated at public expense, or schools of higher education are not required to furnish the documents below (see instructions).

- Application A fully completed and signed Missouri Sales or Use Tax Exemption Application (Form 1746)
- Determination of Exemption A copy of IRS determination of exemption, Federal Form 501(c). Federal, state, Missouri political subdivisions or agencies, public elementary, secondary, or higher education schools or universities are not required to submit a Federal Form 501(c).
- Certificate of Incorporation or Registration A copy of the Certificate of Incorporation or Registration issued by the Missouri Secretary of State, if registered or incorporated
- · Bylaws A copy of the organization's bylaws
- Financial Statement A three-year financial statement (or number of years in existence if less than three) providing sources and amounts
 of income and expenses. A three-year financial statement is determined by the date of incorporation or the date the 501(c) exemption was
 issued.
- If the organization is less than six months old a projected budget for one year should be provided. The projected budget must include sources and amounts of income and expenses for one year.

The financial statement can be in the form of a spreadsheet, ledger book, or you may submit copies of all pages of the Internal Revenue Service (IRS) Return of Organization Exempt From Income Tax (Form 990). All schedules must include detailed information to avoid a delay in processing your application. The Department does not accept bank statements. If abbreviations are used, provide an explanation.

- Cooperative Marketing Association Attach the following:
 - Documentation verifying your payment of the annual registration fee;
 - A copy of the most recent annual report filed with the Missouri Secretary of State; and
 - A copy of the articles of incorporation that details that the corporation is organized as a nonprofit, non-stock corporation under Section 274.030 RSMo.

S Exemption Ruling

Instructions

If you are registered with the IRS and have received a 501(c) letter, you must attach a copy of the most current letter of exemption issued to you by the IRS.

If you have not received an exemption letter from the IRS, you can obtain an Application for Recognition of Exemption (Form 1023) by visiting their website at <u>irs.gov</u> or call (877) 829-5500.

Missouri Tax I.D. Number

If you have been issued a Missouri Tax I.D. Number by the Department, enter that number in the space provided. Providing your Missouri Tax I.D. Number will ensure the Department registers your organization accurately.

Incorporated Organizations

If you are incorporated in Missouri, check "Missouri Corporation" and provide the required information. If you are an out-of-state corporation, and own property in Missouri, check the "Out-of-State Corporation" box and provide the required information.

Mailing Address

If correspondence should be mailed to an address other than the address of the organization or agency, provide the address to be used for mailing purposes (i.e., officer's, accountant's, or lawyer's address, etc.) P.O. Box may be used.

Record Storage

If the books and records are kept at an address (location) other than that of the organization, agency, or mailing address, provide the address.

Attachments

The attachments are used to determine whether an organization is exempt under Missouri law. Please remember to include all attachments pertaining to your organization. If you do not include all required attachments, it could result in a delay in issuing your exemption letter or a denial of your application.

Out of state organizations applying for a Missouri exemption letter must provide a copy of the sales and use tax exemption letter issued to the organization in their home state.

1746	R	INE	J≡	Tax	Exer	mptio	n App	licatio
Missouri Tax I.D. Number								Federa

1	Form 74	-	R		ENU ENU i Sal	JE	Use	Tax	Exer	nntio	n Apı	olica	ation	(MM	artme I/DD/Y		e Only							
Ŀ	_) 	Sour	- Car		030	Tux	<u> </u>	<u> </u>	11 7 1	51100	111011											
ssoi		x I.D.											ederal D. Num	Employe nber	er									
Type of Exemption		applies religion Not-Fo unrest is mad activiti Not-Fo (Exem organia genera	able (lunity, inment ed to mous (Costo saus, charicted lefor tes)	Benefinot onloof a firmeet) Churcheles and aritable it Civic basis. The org	es, mind purces, or en exemples al, Sen exemples or characteristics of the	commin the of the second commin the of the second control of the s	on good organizen that s, and only if onal furthe ciapplies ivic or ale or ale or e functization	religio f withir nction tizenry s only charita nal purcha iions a n)	while us gro the o s) at lar if the s able fu	e relievi erwise pups. E organiza rge on sale or unction made tivities,	Exempt ation's an purchas and for the	ise ot	F (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Private No Must have a ligher Education of the light of t	ducations do Coope on appurchas y checast 25	r-Profice eived on (Mal Sural Suran Sural Suran Sural Suran Sural Suran	it Elem accrec fust ha bdivision qualify) State A e Mark to purcle emain s this book fits bus	entary ditation ave reconnected on (Out agency eting A hases subject x you a siness	and and a to loo are a with	Second acconditions of the second sec	reditat politica exemp ales ta ng tha ember	ion) al ts state x and t the a	e sales all use	:
Organizations		Missou					1	arter N	I	er uthority	 y No.			Date R	egiste	_ / ered in		/ ouri (M	 M/DD/			ite of Ir	ncorpo	ration
ō	Org	anizatio	on Nar	me		P.O. B	ox or F	Rural F	Route						_/		Phon	e Num						
and Address	City	osite A	ddress	i								ate mail	Addre	SS			ZIP C	Code			Cou	inty		
an	ls yo	es your our org	anizat	ion ex	empt f	rom pr	operty	tax?	Ye	es 🗍	No [_	zation oi Yes", de	_					/_ e of s	— —	_ / ou mal		
dress		ling Ad		` 		han Oi	ganiza	ation A	ddres	ss)														
Mailing Address	Stre	et Add	lress o	r P.O.	Box						St	tate					ZIP C	Code			Cou	ınty		

Street Address City State ZI Name (Last, First, Middle Initial) Title Social Security Number Birthdate (MM/DD/YYYYY			
Name (Last, First, Middle Initial) Street Address City State Zitreet Address City State Zitreet Address City State Street Address City State Zitreet Address Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators and remains and the premains and the pre		e P.O. Box or Rural Route)	Record Storage Address (Do not use P.O.
Name (Last, First, Middle Initial) Street Address City State Zitreet Address City State Zitreet Address City State Street Address City State Zitreet Address Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt that I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators overeing sales or use tax exempt hat I will remain knowledgeable of the statutes and regulators and remains and the premains and the pre		x or Rural Route)	Street Address (Do not use P.O. Box or Ru
Street Address City State Zi Name (Last, First, Middle Initial) Title Social Security Number Birthdate (MM/DD/YYYY Street Address City State Zi In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exletter. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the abovenorganization 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 resummediate 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 at Attorney (Form 2827) signed by an officer, member, or responsible person listed on the application. Signature of Officer or Responsible Person Title Printed Name	State ZIP Code County	State	City
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the	Social Security Number Birthdate (MM/DD/YYYY)	Title	Name (Last, First, Middle Initial)
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the	City State ZIP Code		Street Address
In one or two brief statements, summarize the primary organizational purpose and the main activities. Explain the intended use of the exception of the explaint the intended use of the explaint the explaint the intended use of the explaint the explaint the explaint the explaint the present that I will immediate the explaint the explaint the present that I will immediate explaint the	Social Security Number Birthdate (MM/DD/YYYY)	Title	Name (Last, First, Middle Initial)
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct; that the prenature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempts that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization 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 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 lattorney (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	City State ZIP Code		Street Address
nature, purpose and activities of the above-named organization or agency are the same as they were when the attached documents were and will continue to remain the same; that I will remain knowledgeable of the statutes and regulations governing sales or use tax exempt that I will immediately notify the Department of any change in circumstances which could reasonably lead me to believe that the above-norganization 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 rest 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 lattorney (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	inal purpose and the main activities. Explain the intended use of the exemption	marize the primary organizational purp	ln one or two brief statements, summarize letter.
Printed Name E-mail Address	r agency are the same as they were when the attached documents were issued cable of the statutes and regulations governing sales or use tax exemptions and umstances which could reasonably lead me to believe that the above-named because of a change in the law or because of a material change in the r failure on my part to fulfill the promises entered into here will result in the ization or agency. tion. If a power of attorney signs the application, you must include a Power of the person listed on the application.	e above-named organization or agency e; that I will remain knowledgeable of partment of any change in circumstance nger qualify as exempt, either because surpose, or activities. esentation contained herein or failure tion letter issued to this organization of person must sign the application. If officer, member, or responsible person	nature, purpose and activities of the above and will continue to remain the same; that I that I will immediately notify the Departmen organization or agency would no longer que organization's or agency's nature, purpose. It is understood that any misrepresentation immediate revocation of any exemption lett An officer, member, or responsible person Attorney (Form 2827) signed by an officer,
Social Security Number Date of Birth (MM/DD/YYYY) Date (MM/DD/YYYY)			
		, i	Social Security Number

onfidentiality of Tax

Missouri Statute <u>32.057, RSMo</u>, 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.

Mail to: Taxation Division

P.O. Box 358

Jefferson City, MO 65105-0358

Phone: (573) 751-2836 Fax: (573) 522-1666 TTY: (800) 735-2966



E-mail: salestaxexemptions@dor.mo.gov

Form 1746 (Revised 11-2019)

 $\label{thm:constraints} \mbox{Visit $\underline{\mbox{dor.mo.gov/taxation/business/tax-types/sales-use/}$ for additional information.} \\$

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> 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 <u>veteranbenefits.mo.gov/state-benefits/.</u>



14013020001