Form **1746R**

Missouri Department of Revenue

Sales or Use Tax Exemption Renewal Application

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

To complete your application to renew your sales or use tax exemption you must:

- Fully complete and submit Form 1746R.
- 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 the organization's civic or charitable activities. Please be specific and provide examples.

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? ❒ Yes ❒ No

Is your organization exempt from property tax? ❒ Yes ❒ No Date organization originated (MM/DD/YYYY): ___ ___ / ___ ___ / ___ ___ ___ ___

Incorporated Organizations

❒ Missouri Corporation	Missouri Charter Number	Date Incorporated (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___	
❒ Out-of-State Corporation	Missouri Certificate of Authority Number	Date Registered in Missouri (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___	State of Incorporation

Mailing Address

Mailing Address (If different than Organization Address)			
Street Address or P.O. Box			
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

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Signature

Under penalties of perjury, I declare that:

- The above information and attachments are true and correct.
- I will keep informed of legislative changes and review the law to ensure the organization is in compliance.
- The organization's activities and purpose are the same as when the exemption was originally issued.

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) ___ ___ / ___ ___ / ___ ___ ___ ___

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.

Mail to: Taxation Division
P.O. Box 358
Jefferson City, MO 65105-0358

Phone: (573) 751-2836
TDD: (800) 735-2966
Fax: (573) 751-9409
E-mail: salestaxexemptions@dor.mo.gov

Visit http://www.dor.mo.gov/business/sales/ for additional information.

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