

FORM **1746** (REV. 10-2006)

## **MAIL COMPLETED APPLICATION TO:**

# MISSOURI DEPARTMENT OF REVENUE TAXATION BUREAU

P.O. BOX 358, JEFFERSON CITY, MISSOURI 65105-0358 (573) 751-2836 TDD 1-800-735-2966 FAX: (573) 522-1722

E-mail: salesuse@dor.mo.gov

	E-mail: Sai	iesuse@a	or.mo.	.gov					
1. IF YOU HAVE EVER BEEN ISSUED A MISSOURI TAX I.D. NUMBER BY THE DEPARTMENT OF REVENUE, ENTER BELOW CODE (DOR ONLY)									
TYPE OF EXEMPTION									
2. QUALIFYING FOR EXEMPTION AS: (CHECK ONE)  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 be otherwise required to meet)  RELIGIOUS (Churches, ministries, and religious groups. Exemption applies to sales and purchases only if within the organization's religious, charitable, or educational functions)  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, and not for general operations of the organization purchancy and activities, and not for general operations of the organization purchancy and activities, and not for general operations of the organization functions and activities, and not for general operations of the organization publics.  PRIVATE NOT-FOR-PROFIT ELEMENTARY AND SECONDARY EDUCATION (Must have received accreditation)  HIGHER EDUCATION (Must have received accreditation)  MISSOURI POLITICAL SUBDIVISION (Out-of-state political subdivision not qualify)  FEDERAL OR MISSOURI STATE AGENCY  FEDERAL OR MISSOURI STATE AGENCY  ORGANIZATION NAME AND LOCATION  3. ORGANIZATION NAME AND LOCATION						Y	O		
STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE					PHONE				
CITY		STATE	Ž	ZIP CODE	COUNTY				
IS YOUR ORGANIZATION EXEMPT FROM PROPERTY TAX?	YES 🗌	NO DATE	ORGAN	IIZATION ORIGINATED	):				
INCORPORATED ORGANIZATIONS									
MISSOURI CORPORATION	MISSOURI CHARTER NU	IMBER		DATE INCORPORATED	M M D D Y	Y Y Y			
OUT-OF-STATE CORPORATION	OUT-OF-STATE CORPORATION  MISSOURI CERTIFICATE		F AUTHORITY NO. DATE REGISTERED IN MISS M M D D Y			STATE OF IN	NCORPORA	ATION	
MAILING ADDRESS 4. MAILING ADDRESS (IF DIFFERENT THAN ORGANIZATION ADDRESS)	SS)								
STREET ADDRESS OR P.O. BOX									
CITY		STATE	Z	IP CODE	COUNTY				
WEB SITE ADDRESS		E-MAIL ADDF	RESS						
RECORD STORAGE 5. RECORD STORAGE ADDRESS (PLEASE DO NOT USE P.O. BOX O	R RURAL ROUTE)								
STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE									
CITY		STATE	Z	IP CODE	COUNTY				
PLEASE	COMPLETE AN	ID SIGN B	ACK (	OF APPLICATION					

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ORGANIZATION OR AGENCY OFFICE	FRS			
6. NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE	
STREET ADDRESS	CITY		STATE ZIF	CODE
AME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE	
TREET ADDRESS	CITY		STATE ZIP	CODE
DESCRIPTION OF ORGANIZATION				
	al nurnose its post present s	and proposed activities, and the inte	nded use of the	ovometic
ATTACHMENTS				
Federal or Missouri state agencies	=	ions, elementary and secondary so h the documents requested in items	-	-
	11(c). [Churches do not need to	s organization, ATTACH a copy of you attach a 501(c).] NOTE: An IRS exe		
<ol> <li>ATTACH a copy of the Certificate INCORPORATED.</li> </ol>	of Incorporation or Registration	n issued by the Missouri Secretary of	State, IF REGISTI	ERED OF
10. ATTACH a copy of your Bylaws.				
11. ATTACH a complete financial hist	ory for the last three years (or	number of years in existence if less the	an three) indicatin	g source
and amounts of income and a brea	akdown of expenditures. If just st	tarting the organization, attach an estim	ated budget for or	ne year.
NAME OF PERSON COMPLETING APPLICATION (PRINT	NAME)			
TTLE		PHONE NUMBER		
SIGNATURE				
	•	supplements is true and correct as to every zation or agency are the same as they were		l documen
were issued and will continue to remain		zanon or agonoy are the same as they well	when the attached	aocuill <del>e</del> ll
Department of Revenue, of any chang	ge in circumstances which could rea	ng sales/use tax exemptions and that I will asonably lead me to believe that the above or or because of a material change in the or	-named organization	n or agend
, ,		my part to fulfill the promises entered into I	nere will result in the	e immedia

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DATE

TITLE

SIGNATURE OF OFFICER OR RESPONSIBLE PERSON

## INSTRUCTIONS FOR COMPLETING THE MISSOURI SALES/USE TAX EXEMPTION APPLICATION

#### Missouri Tax I.D. Number

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

#### **Organization Name and Location**

Provide the name and street address of your organization.

#### **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 here.

## **Organization or Agency Officers**

Provide all of the requested information for one or two of the organization's or agency's officers.

## **Description of Organization**

Summarize the primary organizational purpose in one or two brief statements. List the main activities of the organization or agency.

#### **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.

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## **IRS EXEMPTION RULING**

If you are registered with the Internal Revenue Service (IRS) and have received a 501c 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 Form 1023, Application for Recognition of Exemption, by visiting their web site at www.irs.gove/eo or call (877) 829-5500. You may also visit your local IRS office.

NOTE: Churches are not required to submit the 501(c) letter.

City	Street Address	Telephone
Cape Girardeau	137 S. Broadview, Cape Girardeau, MO 63703	(573) 334-1552
Chesterfield	1122 Town and Country Commons, Chesterfield, MO 63017	(314) 612-4002
Florissant	2218 N. Hwy. 67, Florissant, MO 63033	(314) 612-4002
Independence	3830 S. Elizabeth Ave., Independence, MO 64057	(816) 966-2840
Jefferson City	3702 W. Truman Blvd., Jefferson City, MO 65109	(573) 635-6827
Joplin	402 S. Main St., Joplin, MO 64801	(417) 889-9828
Kansas City	5800 E. Bannister Rd., Kansas Clty, MO 64134	(816) 966-2840
Springfield	3333 S. National Ave., Springfield, MO 65807	(417) 889-9828
St. Joseph	201 South Eighth St., St. Joseph, MO 64501	(816) 966-2840
St. Louis	1222 Spruce St., St. Louis, MO 63103	(314) 612-4002
St. Louis (Sunset Hills)	3636 S. Geyer Rd., St. Louis, MO 63127	(314) 612-4002

## Name of Person Completing Application

Please ensure you provide this information. While most correspondence will go to the organization or mailing address, the Department of Revenue may be able to resolve any questions by calling the responsible person.

## Signature

This application must be signed by an officer or responsible person of the organization in order for the exemption letter to be issued.