



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
 P.O. BOX 358
 JEFFERSON CITY, MISSOURI 65105-0358

**MISSOURI SALES/USE TAX
 EXEMPTION RENEWAL APPLICATION**

FORM
1746R
 (REV. 07-2008)

(573) 751-2836 TDD 1-800-735-2966 FAX: (573) 751-9409
 E-mail: salestaxexemptions@dor.mo.gov

1. MISSOURI TAX ID NUMBER

FEDERAL ID NUMBER

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)
- 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 for general operations of the organization)
- 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)

ORGANIZATION NAME AND LOCATION

3. ORGANIZATION NAME

STREET ADDRESS — DO NOT USE P.O. BOX OR RURAL ROUTE

PHONE

(____) _____ - _____

CITY

STATE

ZIP CODE

COUNTY

WEB SITE ADDRESS

E-MAIL ADDRESS

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

INCORPORATED ORGANIZATIONS

MISSOURI CORPORATION

MISSOURI CHARTER NUMBER

DATE INCORPORATED M M D D Y Y Y Y

OUT-OF-STATE CORPORATION

MISSOURI CERTIFICATE OF AUTHORITY NO.

DATE REGISTERED IN MISSOURI
M M D D Y Y Y Y

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

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME (LAST, FIRST, MIDDLE INITIAL)

TITLE

SOCIAL SECURITY NUMBER

BIRTHDATE

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

12. 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/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.

I swear or affirm that the information on this form is true and correct as to every material matter. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

SIGNATURE OF OFFICER OR RESPONSIBLE PERSON

TITLE

DATE

__ / __ / ____