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It is not necessary to type hyphens or dashes.

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Form **2643A**

Missouri Department of Revenue
Missouri Tax Registration Application

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Answer all questions completely. Incomplete and unsigned applications will delay processing.

Reason for Application

3. Select all tax types for which you are applying:

Sales from a Missouri business location
- ☐ Retail Sales*
- ☐ Temporary Retail Sales* (Less than 191 days)
- ☐ Retail Liquor or Alcohol Sales*

Sales or Purchases from an out-of-state location
- ☐ Vendor's Use*
- ☐ Consumer's Use (Missouri purchases where tax is not collected.)

*Bond Required

Missouri Employer Withholding Tax
- ☐ Regular Withholding
- ☐ Domestic or Household Employee
- ☐ Transient Employer*

Corporate Tax
- ☐ Corporate Income
- ☐ Corporate Franchise

Reason for Applying

- ☐ New MO Registration
- ☐ Purchase of Existing Business
- ☐ Reinstating Old Business
- ☐ Converted (must have converted through the Missouri Secretary of State's office)
- ☐ Court Appointed Receiver
- ☐ Other:

Owner Information

4. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)
Fill out this section entirely w/ customer information

Address		E-mail Address	
City	State	ZIP Code	County

If an individual is listed as the owner, you must also provide the following:

Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number
	___ ___ /___ ___ /___ ___ ___ ___	(___ ___ ___)___ ___ ___-___ ___ ___ ___

Ownership Type

5. Ownership Type ☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register at **sos.mo.gov** or call (866) 223-6535). Your application will not be complete without providing the charter number issued to you by their office.

- ☐ Limited Partnership - LP Number _____
- ☐ Limited Liability Partnership - LLP Number _____
- ☐ Limited Liability Company - LLC Number _____
  Taxed as a ☐ Disregarded Entity ☐ Partnership ☐ Corporation
- ☐ Missouri Corporation - Missouri Charter No. _____
  Date Incorporated (MM/DD/YYYY) ___ ___ /___ ___ /___ ___ ___ ___
- ☐ Non-Missouri Corporation - Missouri Charter No. _____
  State of Incorporation _____ Date Registered in Missouri (MM/DD/YYYY) ___ ___ /___ ___ /___ ___ ___ ___

- ☐ Not Required to register with Missouri Secretary of State
- ☐ Other

Previous Owner Information

6. Is there a previous owner or operator for the business? ☐ Yes* ☐ No *If yes, the following section must be completed.

Select any of the following that you purchased from the previous owner: ☐ Inventory ☐ Fixtures ☐ Equipment ☐ Real Estate

☐ Other _____

Name of Previous Owner or Operator	Purchase Price
	Missouri Tax Identification Number

Physical Location of Previous Business	City	State	ZIP Code
Address of Previous Business	City	State	ZIP Code

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Mailing and Storage Address

Reporting forms and notices will be mailed to this address.

7. Address (street, rural route or P.O. Box)	City	State	ZIP Code
16944 CR 3082	Cosby	MO	64436

Company Name if different than owner
Blue Skies Home Care, LLC

Which forms do you want mailed to this address?
☐ All Tax Types ☐ Sales and Use Tax ☐ Corporate Income Tax ☐ Employer Withholding Tax

Address where you will store your tax records (do not use a P.O. Box for record storage).

8. Physical Address	City	State	ZIP Code
16944 CR 3082	Cosby	MO	64436

Officers, Partners, or Members

9. Provide the officers, partners, or members (L.L.C.) of your business who are responsible for the collection and remittance of tax. Listing individuals or entities here indicates they have direct supervision or control over tax matters. Attach list if needed.

Name (Last, First, Middle Initial)			Title
Social Security Number	Federal Employer ID Number (FEIN)		Date of Birth (MM/DD/YYYY)
Home Address			City
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)

Name (Last, First, Middle Initial)			Title
Social Security Number	Federal Employer ID Number (FEIN)		Date of Birth (MM/DD/YYYY)
Home Address			City
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY)

Representatives

10. Business Tax Accounts: Identify all persons who are not a partner, member (L.L.C), or officer of the business that have direct supervision or control over tax matters whom you authorize the Department to discuss your tax matters. Attach list if needed.

Title Begin or End Date (MM/DD/YYYY)	Name (Last, First, Middle Initial)	
	Shawnna Kroeger	
Title	Social Security Number	Birthdate (MM/DD/YYYY)
CFO		
Home Address		
16944 CR 3082		
City	State	ZIP Code	County
Cosby	MO	64436	

Retail Sales, Consumer's or Vendor's Use Tax

11. Taxable Sales or Purchases Begin Date (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___

12. Temporary License (Less than 191 days) (MM/DD/YYYY)
(Example: fireworks, temporary event, etc.) Begins ___ ___/___ ___/___ ___ ___ ___ Ends ___ ___/___ ___/___ ___ ___ ___

13. Seasonal Business: If you do not make taxable sales year round, please check the months that you do.
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

14. Estimated sales and use tax liability (select one). Your selection will determine your return filing frequency.
☐ Monthly (over $500 a month) ☐ Quarterly ($500 or less a month) ☐ Annually (less than $100 a quarter)

15. Compute the amount of bond

Estimated Monthly Taxable Sales		Tax Rate		Monthly Tax Liability		Amount of Bond*
_____	X	_____	=	_____	X 2 =	_____

Visit **https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation/** to obtain your tax rate. *If you calculate the amount of bond to be less than $500, you are only required to submit a $25 bond. If you calculate your bond to be $500 or greater, you should submit the amount of bond figured. If the Department determines the bond is insufficient to cover your tax liability, the Director of Revenue may require you to adjust the bond amount to a level satisfactory to cover your tax liabilities or if returns are not filed timely and the taxes fully paid (see **12 CSR 10-104.020**). Attach the appropriate bond form to your registration based on the type of bond checked.
Visit **http://dor.mo.gov/faq/business/register.php** to access frequently asked questions.

16. Type of bond (no personal or company checks) Visit **http://dor.mo.gov/forms/index.php?category=13** to access bond forms.
☐ Cash Bond (**Form 332**) ☐ Certificate of Deposit (**Form 4172**) ☐ Irrevocable Letter of Credit (**Form 2879**) ☐ Surety Bond (**Form 331**)

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Business Name and Physical Location

17. Business Name (DBA name: attach list if necessary for additional locations)

Street, Highway (Do not use P.O. Box Number or Rural Route Number)		City	
County	State	ZIP Code	Business Telephone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___

18. Will sales be made at various temporary locations in Missouri?
☐ No ☐ Yes—Attach a list of all known locations. If no Missouri location is given during initial registration, a general location will be used.

19. Is this business located inside the city limits of any city or municipality in Missouri?
To verify go to **https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation**
☐ No ☐ Yes — Specify the city: _____

20. Is this business located inside a district(s)? For example, ambulance, fire, tourism, community or transportation development.
☐ No ☐ Yes — Specify the district name(s): _____

21. Describe the business activity, stating the major products sold and services provided. Personal Care Services
_____
☐ Retail _____% ☐ Wholesale _____% ☐ Service _____% ☐ Manufacturer ☐ Contractor ☐ Other _____

Business Activity

22. Do you make retail sales of the following items? Select all that apply.
☐ Alcoholic Beverages ☐ Alternative Nicotine ☐ Cigarettes or Other Tobacco Products ☐ Domestic Utilities
☐ E-Cigarettes or Vapor Products ☐ Food Subject to Reduced State Food Tax Rate ☐ Items Qualifying for Show Me Green Sales Tax Holiday
☐ Items Qualifying for Back-To-School Sales Tax Holiday **http://dor.mo.gov/business/sales/taxholiday/** ☐ Lead-Acid Batteries
☐ New Tires ☐ Post-Secondary Educational Textbooks ☐ Telecommunication Services
☐ Qualifying Utilities or Items Used or Consumed in Manufacturing or Mining, Research and Development, or Processing Recovered Materials.

23. Do you make retail sales of aviation jet fuel to Missouri customers? ..... ☐ Yes ☐ No
If yes, are your sales made at:
☐ A Missouri airport? ☐ A location outside Missouri and the fuel is transported into Missouri?
If yes, is the airport located in Missouri and identified on the National Plan of Integrated Airport Systems (NPIAS)? ..... ☐ Yes ☐ No
If yes, provide a list of applicable locations. _____

24. Do you use, store, or consume aviation jet fuel in Missouri where the seller does not collect tax? ..... ☐ Yes ☐ No
If yes, is the fuel stored, used, or consumed in an airport that is identified on the NPIAS? ..... ☐ Yes ☐ No
If yes, provide a list of applicable locations: _____

25. Do you lease or rent motor vehicles that were purchased sales tax exempt, to Missouri customers? ..... ☐ Yes ☐ No
If you are an out-of-state company, will you lease motor vehicles to a Missouri resident where the lease is entered into outside Missouri and the motor vehicle is delivered outside Missouri? ..... ☐ Yes ☐ No

If you are an out-of-state entity doing business in Missouri, please answer the following questions.

Out-of-State Company

26. Do you have a location or job site in Missouri? ..... ☐ Yes ☐ No
If yes, attach a list of your locations including address, city, state, zip code and indicate if the location is inside or outside the city limits. _____

27. Are orders taken from your Missouri customers by telephone, non-resident salesmen, etc.? If resident salesmen, attach a list where they live and indicate if they are inside or outside the city limits. ..... ☐ Yes ☐ No

28. Do your representatives who reside in Missouri:
A. Approve customer orders? ..... ☐ Yes ☐ No
B. Make on the spot sales? ..... ☐ Yes ☐ No
C. Maintain an inventory? ..... ☐ Yes ☐ No
D. Deliver merchandise to the customer? ..... ☐ Yes ☐ No

29. Do you have non-resident representatives, agents, or temporary employees coming into Missouri on a regular basis? ..... ☐ Yes ☐ No
If yes, define the activities performed while in Missouri. _____
_____

30. Do you have real or tangible personal property in Missouri? ..... ☐ Yes ☐ No
If yes, please describe: _____

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Corporate Income Tax

31. Is this corporation registered with the Internal Revenue Service as a ☐ Regular or Close Corporation ☐ Sub Chapter S Corporation

32. Corporation Tax Begin Date in Missouri (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___ Corporation Taxable Year End (MM/DD) ___ ___/___ ___

33. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated tax is expected to be at least $250, or 6.25% of the Missouri taxable income, check the "Yes" box..... ☐ Yes ☐ No

Employer Withholding Tax

34. Missouri Withholding Begin Date (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___ How many of your employees will work in Missouri? 1

35. Estimated employer withholding tax liability (select one). Your selection will determine your return filing frequency.
Estimated monthly gross wages _____ X 5.9% = _____

☐ Annually (less than $100 withholding tax per quarter)
☐ Monthly ($500 to $9,000 withholding tax per month)
☐ Quarterly ($100 withholding tax per quarter to $499 per month)
☐ Quarter-Monthly (weekly) (over $9,000 withholding tax per month; required to pay electronically)

36. Does a parent company file withholding tax reports and receive full compensation for timely filed returns?..... ☐ Yes ☐ No

37. If you do not pay wages year round, please check the months that you do pay wages.
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Withholding Tax Courtesy Mailing Address (a copy of all withholding tax delinquent notices will be mailed to this address)

38. Business Name (DBA name)

Street, Route or P.O. Box		City	
County	State	ZIP Code	Business Telephone Number (___ ___ ___)___ ___ ___-___ ___ ___ ___

Transient Employer

39. Are you a transient employer? ..... ☐ Yes ☐ No

An employer not domiciled in Missouri and temporarily transacting business in Missouri for less than 24 consecutive months is defined as a transient employer. (Example: contractor, temporary staffing agency, etc.). For additional information, contact the Department at **businesstaxregister@dor.mo.gov** or call (573) 751-0459. If you have indicated that you are a transient employer, you must complete the entire Employer Withholding Tax Section above.

A transient employer must submit the following with this application:

- A completed insurance certification slip indicating Missouri as a covered state for worker's compensation
- Missouri Employment Security Account number, if hiring a Missouri resident: (first seven digits required)
- Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office
- A Transient Employer Bond not less than $5,000

Missouri Employment Security Account Number | | | | | | | |

Calculate your transient employer bond:

A. Missouri withholding tax Monthly gross wages _____ X 6% = _____ X 3 = _____ (a)

B. Missouri unemployment tax Average # of workers _____ X $7,000 = _____ X 3.38% _____ / 4 = _____ (b)

(a) _____ + (b) _____ = _____ (amount of bond - minimum $5,000)

Visit **http://dor.mo.gov/forms/index.php?category=13** for bond forms.

Type of bond ☐ Cash Bond (Form 332) ☐ Certificate of Deposit (Form 4172) ☐ Irrevocable Letter of Credit (Form 2879) ☐ Surety Bond (Form 331)

Signature

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

No digital signatures allowed

Signature	Title	Date (MM/DD/YYYY) ___ ___/___ ___/___ ___ ___ ___
Typed or Printed Name	E-mail Address	

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 the Department with a power of attorney to grant the authority to release confidential information to them. Visit **http://dor.mo.gov/forms** to obtain a Power of Attorney (**Form 2827**).

Form 2643A (Revised 03-2018)

Mail to: Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357

Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: **businesstaxregister@dor.mo.gov**

Visit **http://dor.mo.gov/business/register/** for additional information.

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