MISSOURI WORKS
NEW JOBS ANNUAL VERIFICATION

APPLICANT COMPANY INFORMATION

Qualified Company or Parent Company	Federal Tax ID No. (FEIN)	MITS/Missouri ID No.

Address of Project / Primary Facility	**Number of Current Full Time Employees at this facility (as of the end of the company's tax year)**		**Number of Facilities in Missouri (as of the end of the company's tax year)**	

City	County	Missouri	Zip Code +4

Tax year of Company?	☐ Calendar	☐ Other (Please Describe)	Beginning: MM/DD	Ending: MM/DD

Does the applicant use any of the following? ☐ Payroll Provider ☐ Professional Employer Organization (PEO) ☐ Common Paymaster
(If the company uses a PEO, please provide DED with a copy of the PEO agreement.)

Has any information regarding additional qualified companies, project facilities or related facilities changed since the Notice of Intent was submitted and approved? If yes, additional information will be required.	☐ **YES**	☐ **NO**

CONTACT INFORMATION (Please provide two (2) people that DED may contact directly regarding this program. At least one must be a company contact.)

Contact Person		Title	
Address		City	State	Zip Code
Telephone Number	Fax Number	E-mail	
Contact Person		Title	
Address		City	State	Zip Code
Telephone Number	Fax Number	E-mail	

TYPE OF BUSINESS

☐ Fiduciary	☐ C-Corp	☐ S-Corp	☐ LLC	☐ Sole Proprietor	☐ Partnership	☐ Non-Profit	☐ Other_____

OWNERSHIP: Percent of total ownership for **ALL TYPES OF BUSINESSES** must total 100% except for C-Corps. For C-Corps, please attach a list of the Board of Directors and anyone with a 10% or more ownership interest. See the Missouri Works Program Guidelines for the definition of "Owner" by business type.

Name(First, MI, Last) or Company / Trust	DOB	% Ownership	Name(First, MI, Last) or Company / Trust	DOB	% Ownership
		%			%
		%			%
		%			%

Is this company owned 51% or more by women?	☐ **YES**	☐ **NO**	**Is the company publicly traded?**	☐ **YES**	☐ **NO**	**Symbol**

COMPANY PROJECT INFORMATION

Is the Project facility the company's permanent facility? If no, explain on additional sheet of paper.	☐ **YES**	☐ **NO**
Does more than one company work from the project facility?	☐ **YES**	☐ **NO**
If yes; is the other company considered part of the project?	☐ **YES**	☐ **NO**
If yes; are the Companies wholly-owned subsidiaries?	☐ **YES**	☐ **NO**
Does the company participate in an employee stock ownership plan?	☐ **YES**	☐ **NO**

Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due to the state or federal government or any other political subdivision?	◯ YES	◯ NO
Has the company filed for or publicly announced its intention to file for bankruptcy protection?	◯ YES	◯ NO
Does the company continue to offer health benefits to all full-time employees at all facilities in Missouri and pay at least 50% of the premium?	◯ YES	◯ NO

Name of the Health Insurance Company		Percentage paid by employer:	%

FACILITY PROJECT INFORMATION

Number of minority jobs created or retained (for Program Agreements effective as of or after 8/28/19).		
Total Jobs at the end of the reporting period.		
Percentage of minority jobs (# of minority jobs/total jobs) If the percentage is not at or above 17.2%, the company must attach a description of the good faith efforts made to attempt to meet that percentage.	%	
Are full-time employees scheduled to work at least 35 hours a week?	◯ YES	◯ NO
Was there a decrease in the number of full-time employees at any other related facilities or companies?	◯ YES	◯ NO
Have all new employees listed on the Current Employment Information list been certified through E-Verify to ensure that they are authorized to work in the U.S.?	◯ YES	◯ NO
Is the company utilizing other state programs involving the retention of withholding tax (e.g. State Tax Increment Financing, Missouri One Start, or MODESA or MORESA)?	◯ YES	◯ NO
If yes, list all other federal and state programs for which this project is applying or is currently utilizing:		

OTHER PROGRAMS UTILIZED ☐ N / A

NOTE: Benefits for which the qualified company is eligible and utilize withholding tax from the jobs at the facility shall first be credited to the other state program before the applicable withholding period for benefits provided under this program begin. If the qualified company participates in the Missouri One Start Program, it cannot retain any withholding tax that has already been allocated for use in the Missouri One Start Program.

Has the company utilized another MO Works program for the new jobs? If yes, those jobs will be claimed on the Missouri Works Annual Verification.	◯ YES	◯ NO
Is the company utilizing any other state program(s) authorizing the retention of withholding tax (e.g. Missouri One Start, Tax Increment Financing (TIF), MO Downtown Economic Stimulus Act (MODESA) & MO Rural Economic Stimulus Act (MORESA))?	◯ YES	◯ NO
If YES, name program(s) ►		

OTHER FACILITY ADDRESS(ES) IN MISSOURI THAT ARE NOT PART OF THE PROJECT (Attach additional sheet if needed.) *as of VET submission date

1. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees
2. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees
3. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees
4. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees
5. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees

Are any facilities owned or operated by the qualified company in the State of Missouri NOT included in the Project Location reliant upon each other for products and / or services?	◯ YES	◯ NO
Are operations of the facilities substantially similar to the operations of the project facility?	◯ YES	◯ NO
Total cumulative Capital Investment made to date (for all project types)		

ATTACH EMPLOYMENT SPREADSHEET

This listing (**use employment spreadsheet template provided by DED)** should include all full-time employees located at the project facility during the tax year reported with this application. Full-time employees that terminated during the twelve-month period should be included. If more than one entity is participating in this project, add a column to list the entity name. Include owners but note that they are not eligible for benefits if the Company does not participate in an ESOP. Please send this listing in an Excel worksheet. **WITHHOLDINGS ARE TO BE REPORTED MONTHLY** per Employee on the Excel Spreadsheet.

Please note: As of October 1, 2015, the term "wages" means W-2 Box 16 Taxable Wages. Any projects that were proposed or approved before October 1, 2015, will be allowed to use "Gross Wages", which includes the "wages" listed in the "Eligible and Ineligible Wage Chart", as was previously communicated to the company by DED. Companies that have proposals or approvals prior to October 1, 2015 may choose to use W-2 Box 16 Taxable Wages if that is easier for them to provide.

Actual program benefits will be based upon the W-2 Box 16 Wages of "New Payroll".

CERTIFICATION

I, the undersigned, acting on behalf of the Applicant named below, hereby certify and agree to the following:

- The information submitted by the Applicant to the Missouri Department of Economic Development (DED) in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Applicant hereby authorizes DED to verify such information from any source;
- The Applicant, contact person(s), owners, or signors identified in the application (Please mark appropriate box. If you mark "Have" or "Are", please provide an explanation on another sheet of paper):
  - a)___Have ___ Have not--committed a felony, is currently charged with commission of a felony, or is currently on parole or probation;
  - b)___Are ___ Are not--delinquent with respect to any non-protested federal, state or local taxes or fees;
  - c)___Have ___ Have not--filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
  - d)___Have ___ Have not--failed to fulfill any material obligation under any other state or federal program;
- There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person identified on the application which is likely to have a material impact on the Applicant's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
- I certify that the Applicant does NOT knowingly employ any person who is an unauthorized alien and that the Applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that the Applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo, with respect to employees working in connection with the activities that qualify Applicant for this program. I certify that the Applicant will maintain and, upon request, provide DED documentation demonstrating Applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify Applicant for this program.
- I certify that the Applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify Applicant for the program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the Applicant will receive a sworn affidavit from each such subcontractor under penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the Applicant will maintain and provide DED and the Missouri Department of Revenue (DOR) access to documentation demonstrating compliance with this paragraph.
- I understand that, pursuant to Section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under Section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates Section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of Section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the Applicant is found to have employed an unauthorized alien, Applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- I understand that if the Applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the Applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I have read and understand the Missouri Works Program guidelines.
- I hereby agree to allow representatives of DED or DOR access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I am a Corporate Officer/Member of the Applicant and have the proper authority to execute this document on behalf of the Applicant and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Applicant, any owners or individuals engaged in the management of the Applicant, or other facts may result in criminal prosecution.

Applicant Signature	Print Name	Title	Date

STATE OF _____ SS. COUNTY OF _____

On this _____ day of _____ in the year 20 ____ before me, _____, a Notary Public in and for said state, personally appeared _____ [name of Corporate Officer / Member], _____ _____ [Name of Corporation / Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said Applicant and acknowledged to me that he or she executed the same for the purposes therein stated.

_____ Notary Public My commission expires _____

REQUIRED ATTACHMENTS	
CHECK BOX	
☐	**Employment Spreadsheet** – Provide a list of ALL Full-Time employees (scheduled to work at least 35 hours per week) that worked at the Project Facility(ies) and/or Related Facility(ies) during the reporting period (use employment spreadsheet template).
☐	**Tax Clearance** - DED will notify the company if a Form MO-943 needs to be submitted to the Department of Revenue. If multiple entities are participating, a Certificate of Tax Clearance is required for each entity.
The following documents must be submitted with the MO Works New Jobs Annual Verification IF the item has NOT been previously received by DED or there has been changes.	
☐	**Health Insurance** – Copy of employer paid health insurance benefits; include eligibility start date for new hires and % of premium paid by employer.
☐	**Multiple Worksite Report** – If there are multiple facilities within the state, the business/organization is required to complete the Multiple Worksite Report (MWR) – BLS 3020 for the duration of the program benefits, including the twelve (12) months previous of the submission date of the Notice of Intent.
☐	**Organization Chart** – Attach a copy of the complete organization chart illustrating the qualified company's ownership as well as other subsidiaries owned by the same parent company or by the qualified company.
☐	**Power of Attorney** – If the Certification is signed by a third party (an individual that is not an employee with the company); a copy of the Power of Attorney or document giving permission for such person to make the representation on behalf of the company must be attached.

If any documents submitted to DED contain any material that the Company considers to be closed records pursuant to Section 620.014 RSMo, each page must be clearly marked as 'Confidential' and the Company must provide a written explanation of how releasing the information would endanger the competitiveness of the business, or any other reason for seeking confidentiality.

Effective August 28, 2005, and pursuant to Section 620.1900, RSMo, this tax credit program is subject to a fee of 2.5% of the amount of tax credits issued. Applicants will be invoiced for the fee after the tax credit application has been approved. Tax credits will be issued upon receipt of the fee. This fee applies to tax credits only, not retention of withholding taxes.

Notice: Tax credits may be claimed against taxes imposed by Chapters 143 (state income tax, excluding withholding tax) and 148 RSMo (financial institution tax) and may not be carried forward; but shall be claimed within one year of the close of the taxable year for which they were issued.

The tax credits may be transferred, sold or assigned; or the company can receive a refund in the amount exceeding the company's income tax liability.

Annual Reporting Requirements and Penalty Provisions

All tax credit recipients must be familiar with the annual reporting requirements and penalties for non-compliance established under the Tax Credit Accountability Act of 2004. The responsibility for compliance falls with the tax credit recipient.

Recipients of tax credits are required to submit the Tax Credit Accountability Act Reporting Form to the **Department of Revenue**. You may contact (573) 526-8733 (Personal Tax) or (573) 751-4541 (Corporate Tax) with any questions.

NOTE: Failure to report for more than six months, but less than a year, shall result in a penalty of 2% of the value of the credits for each month of that delinquency; failure to report for more than a year shall result in a 10% penalty for each month of delinquency up to 100% of the value of the credits; and any fraud in the application process will result in a penalty equal to 100% of the credits issued.

Contact information:
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