

**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
APPLICATION FOR SUBSEQUENTLY CLAIMING TAX BENEFITS**

Read instructions carefully before completing form.  
Schedules S and M must accompany this application which must be filed each year following year one.

CALENDAR YEAR		OR TAX YEAR BEGINNING		ENDING		
<b>PLEASE TYPE OR PRINT</b>	NAME OF FACILITY				FACILITY FEDERAL ID NO.	
	ADDRESS OF FACILITY (WHERE DEVELOPMENT OCCURRED)				TAXPAYER FEDERAL ID NO.	
	CITY		COUNTY		ZIP CODE	
		MISSOURI				
1. Is this address within a designated enterprise zone? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> 1a. List all other federal and state programs for which this facility is applying, or is currently utilizing:						
2. Name and mailing address if different than above:						
NAME						
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)						
2a. Name and address of business headquarters, if different from above:						
3. Name, address and telephone of contact person completing application:						
NAME		Email Address		TELEPHONE NUMBER		
				( )		
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)						
<b>STATUS-ACTIVITY</b>	4. Business entity for tax purposes:					
	4a. <input type="checkbox"/> Corporation		4b. <input type="checkbox"/> Fiduciary		4c. <input type="checkbox"/> Individual Proprietorship	
	4d. <input type="checkbox"/> Partnership		4e. <input type="checkbox"/> S-Corp.		4f. <input type="checkbox"/> Limited Liability Corp.	
	4g. <input type="checkbox"/> Limited Liability Partnership		4h. <input type="checkbox"/> Other (Specify)		_____	
	<b>NOTE: IF THE TAXPAYER IS A FIDUCIARY, PARTNERSHIP, S-CORPORATION, ETC., IDENTIFY THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH BENEFICIARY, PARTNER OR SHAREHOLDER ON THE LAST DAY OF THE TAX PERIOD. AGGREGATE PROPORTIONATE SHARES OR PERCENTAGE OF TOTAL OWNERSHIP MAY NOT EXCEED 100%. ATTACH A SEPARATE SHEET IF NECESSARY.</b>					
	NAME(S)		SOCIAL SECURITY NO.(S)		%OWNERSHIP YEAR END	
					%	
					%	
					%	
					%	
4i. Taxpayer's total annual Missouri sales revenues or receipts:						
<input type="checkbox"/> \$0 - \$250,000		<input type="checkbox"/> \$250,000 - \$500,000		<input type="checkbox"/> \$500,000 - \$1M		
<input type="checkbox"/> \$1M - \$5M		<input type="checkbox"/> \$5M - \$10M		<input type="checkbox"/> \$10M and over		
4j. Taxpayer's total Missouri employment - (total number of employees):						
5. Describe the business activity (ies) conducted at this facility. Be specific.						
5a. Enter the facility's 5-digit NAICS number if known:						

<b>CERTIFIED AND CLAIMED BENEFITS</b>	6. Tax years for which this facility's tax benefit has been certified if known.		Total Amount of Credits	
			Certified by State	Claimed on MO Return
	6a.	1 <sup>st</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6b.	2 <sup>nd</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6c.	3 <sup>rd</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6d.	4 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6e.	5 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6f.	6 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6g.	7 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6h.	8 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____
6i.	9 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
6j.	10 <sup>th</sup> year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
<b>LEASE</b>	7. If this new or expanded facility was leased from another person(s), enter the net MONTHLY rental/lease cost. INCLUDE ANY LEASED LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND ANY OTHER TANGIBLE PERSONAL DEPRECIABLE PROPERTY IN USE EXCEPT INVENTORIES.			
<b>MULTIPLE BUSINESSES</b>	8. Did the taxpayer requesting tax benefits have interest(s) in any other BUSINESS (ES) in MISSOURI that FILE A SINGLE MISSOURI TAX RETURN WITH THIS FACILITY for this tax period? Answer YES only if a single Missouri return is filed for these businesses. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
	8a. List names and REIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY.			
<b>MULTIPLE FACILITIES</b>	9. Did the taxpayer of this new or expanded facility operate any other FACILITY (IES) in MISSOURI besides this new or expanded facility during this tax period? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Answer YES only if a single Missouri return is filed for these facilities.			
	9a. List names and addresses of all Missouri facilities FILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY.			
<b>THIS PORTION IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS. DO NOT COMPLETE IF THIS FACILITY IS NOT WITHIN AN ENTERPRISE ZONE.</b>				
<b>TRAINING CREDITS</b>	10. Excluding local, state or federal government funding sources, did the TAXPAYER incur costs to train employees AT THIS ENTERPRISE ZONE FACILITY DURING THIS TAX PERIOD? If YES, attach Schedule B. (Trainee must be zone resident or "difficult to employ.") <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
<b>RESIDENT CREDITS</b>	11. Were any of THIS FACILITY'S employees residents of a MISSOURI ENTERPRISE ZONE DURING THIS TAX PERIOD? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If YES, attach Schedule C. (Addresses must be verified by enterprise zone representative(s).)			
<b>SPECIAL CREDITS</b>	12. Were any of THIS FACILITY'S employees unemployed at least 90 days OR eligible for Temporary Assistance or the General Relief Program AT THE TIME HIRED FOR THIS DEVELOPMENT? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If YES, attach Schedule D.			





MISSOURI SCHEDULE  
**S**

**NEW/EXPANDED BUSINESS FACILITY & ENTERPRISE ZONE: EMPLOYEES AND INVESTMENT**

A LIST OF ALL EMPLOYEES FOR THE TAX YEAR IS REQUIRED WITH HIRE AND TERMINATION DATES (IF APPLICABLE) TO BE SUBMITTED.

FOR CALENDAR YEAR OR TAX YEAR BEGINNING ENDING

NAME OF FACILITY	FACILITY FEDERAL ID NO.
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE. ATTACH A COMPLETE LIST OF EMPLOYEES, INCLUDING NAME, HIRE DATE, TERMINATION DATE (IF APPLICABLE), AND AVERAGE WEEKLY HOURS. ELECTRONIC COPIES OF EMPLOYEE LISTS ARE REQUESTED.	TAXPAYER FEDERAL ID NO.
COMPUTING "NEW BUSINESS FACILITY EMPLOYEES" AND "NEW BUSINESS FACILITY INVESTMENT"	FACILITY MISSOURI TAX ID NO. (MITS)

COLUMN LINE	MONTHS	NEW BUSINESS FACILITY EMPLOYEES (FULL-TIME OR 20 HRS. OR 80% SEASON, LAST WORK DAY EACH MONTH)		NEW BUSINESS FACILITY INVESTMENT (ORIGINAL COST/8 TIMES ANNUAL RENT, LAST WORK DAY EACH MONTH)		
	(X)	(A) YEAR FILING	(B) BASE YEAR	(C) YEAR FILING	(D) BASE YEAR	
		TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13	<b>TOTAL</b>					13
14	<b>AVERAGE</b>					14
15						15
16					\$	16
17		TRANSFERRED EMPLOYEES	( )			17
18				TRANSFERRED INVESTMENT	(\$ )	18
19		NEW BUSINESS FACILITY EMPLOYEES				19
20				NEW BUSINESS FACILITY INVESTMENT	\$	20

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE DATE PREPARER'S SIGNATURE DATE

**THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.**

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO:  
**FINANCE MANAGEMENT**  
**MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT**  
**PO BOX 118**  
**JEFFERSON CITY, MO 65102**



**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN C: TAX YEAR FILING**

Read instructions carefully before completing form. **THIS FORM IS REQUIRED.**

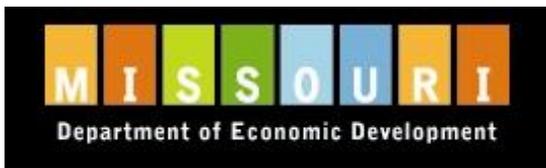
FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

**THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this Schedule via email in an excel document.**

(E) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(F) <b>ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE</b> THE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT; <b>NO INVENTORY</b> ) <b>DO NOT INCLUDE CONSTRUCTION IN PROGRESS.</b>	(G) MONTHLY LEASE (IF APPLICABLE)	(H) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
<b>TOTAL INVESTMENT</b>			\$



**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN D: BASE TAX YEAR**

Read instructions carefully before completing form.

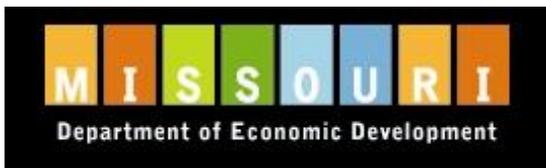
FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

**THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this Schedule via email in an excel document.**

(I) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(J) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, <b>NOT</b> INVENTORY).	(K) MONTHLY LEASE (IF APPLICABLE)	(L) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
<b>TOTAL INVESTMENT</b>			\$



**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
 APPORTIONMENT OF MISSOURI TAXABLE BUSINESS INCOME**

Read instructions carefully before completing form.

FOR CALENDAR YEAR	OR TAX YEAR BEGINNING	ENDING
NAME OF FACILITY		FACILITY FEDERAL ID NO.  AND
<b>THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED.        ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE.</b>		TAXPAYER FEDERAL ID NO.  AND
<b>ALL TAXPAYERS MUST COMPLETE ITEMS 2-4.</b>		FACILITY MISSOURI TAX ID NO. (MITS)

**IF A MISSOURI CONSOLIDATED RETURN IS FILED, ITEMS 1, 2 AND 4 MUST INCLUDE THE CONSOLIDATED AMOUNTS.**

1	If known, enter that portion of the taxpayer's TOTAL MISSOURI taxable income (or loss), Missouri sources attributed to THIS Missouri BUSINESS DURING THIS TOTAL TAX PERIOD. INCLUDE CONSOLIDATED INCOMES.  <b>DO NOT ESTIMATE: ENTER "UNKNOWN"</b>	143 \$  148 \$
2	Enter the amount of compensation paid to all persons employed by this BUSINESS in Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED FACILITIES.	\$
3	Enter the amount of compensation paid DURING THIS TAX PERIOD to ALL PERSONS employed at THIS FACILITY ONLY.	\$
4	Enter the AVERAGE VALUE of ALL REAL and DEPRECIABLE TANGIBLE PERSONAL PROPERTY, <b>including 8 times net ANNUAL rental rates</b> , USED by this BUSINESS IN Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED PROPERTY VALUES. <b>DO NOT INCLUDE INVENTORIES AND CONSTRUCTION IN PROGRESS.</b>	\$

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE	DATE	PREPARER'S SIGNATURE	DATE
------------------------------------	------	----------------------	------

**THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.**

**MAIL TO:  
 FINANCE MANAGEMENT  
 MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 PO BOX 118  
 JEFFERSON CITY, MO 65102**



MISSOURI SCHEDULE  
**B**

**ENTERPRISE ZONE:  
EMPLOYEE TRAINING CREDITS**

Read instructions carefully before completing form.

If Item 16 on form 135, or item (10) on form 135-A was checked "YES", complete the following information:

THE FOLLOWING EMPLOYEE/RESIDENTS AND DIFFICULT TO EMPLOYEE EMPLOYEES WERE TRAINED DURING

CALENDAR YEAR		OR TAX YEAR BEGINNING				ENDING				
NAME OF FACILITY					DATE FACILITY INITIALLY QUALIFIED FOR CREDITS (COMMENCEMENT DATE, MONTH/DATE/YEAR)			FACILITY FEDERAL ID NO.		
								AND		
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. USE SEPARATE SHEET(S) IF NECESSARY.</b>								TAXPAYER FEDERAL ID NO.		
								AND		
<b>IMPORTANT:</b> ALPHABETICALLY list the FULL names of ONLY those employees, who at the time of training, were either RESIDENTS of any Missouri enterprise zone, or "DIFFICULT TO EMPLOY": unemployed at least 3 months at the time hired. INCLUDE MONTH, DAY AND YEAR for beginning and ending dates of training program. The CREDIT AMOUNT is limited to a MAXIMUM of \$400 PER EMPLOYEE. <b>NO CREDITS WILL BE ALLOWED FOR EMPLOYEES NOT LISTED ON EITHER SCHEDULE C OR D.</b>								FACILITY MISSOURI TAX ID NO. (MITS)		
NAME OF EMPLOYEE TRAINED (ALPHABETIZE)		DATE HIRED (MO/DAY/YR)	AMOUNT OF TRAINING CREDIT CLAIMED IN PRIOR TAX YEARS	TRAINEE'S SOCIAL SECURITY NO.	WAS TRAINEE RESIDENT & LISTED ON SCHEDULE C? (YES OR NO)	WAS TRAINEE DIFFICULT TO EMPLOY AND LISTED ON SCHEDULE D? (YES OR NO)	BRIEF DESCRIPTION OF TRAINING RECEIVED	HOURS TRAINING RECEIVED	PERIOD OF TRAINING SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)	YOUR TOTAL COST TO TRAIN EMPLOYEE
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.</b>										
TAXPAYER'S OR DESIGNEE'S SIGNATURE					DATE		PREPARER'S SIGNATURE			DATE

ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.

MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102



MISSOURI SCHEDULE  
C

**ENTERPRISE ZONE:  
EMPLOYEE RESIDENT CREDITS**

Read instructions carefully before completing form.

If Item 17 on form 135, or item (11) on form 135-A was checked "YES", complete the following information

THE FOLLOWING EMPLOYEES RESIDED WITHIN THIS ENTERPRISE ZONE DURING

CALENDAR YEAR		OR TAX YEAR BEGINNING		ENDING	
NAME OF FACILITY			ENTERPRISE ZONE NAME		FACILITY FEDERAL ID NO.  AND
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. THIS SCHEDULE AND/OR SCHEDULE D MUST BE COMPLETED TO VERIFY 30% ELIGIBILITY.</b> A SEPARATE SCHEDULE C MUST BE FILED FOR EACH ZONE SUBMITTED, AND ONLY THE DESIGNATED ENTERPRISE ZONE COORDINATOR FOR EACH ZONE MAY VERIFY THE ADDRESS IN HIS/HER ZONE. <b>IMPORTANT: THIS SCHEDULE MUST BE VERIFIED AND SIGNED BY THE LOCAL ENTERPRISE ZONE COORDINATOR.</b> When listing the period of residency for each resident/employee (last column), LIMIT the RESIDENCY DATES TO THIS TAX PERIOD and INCLUDE MONTH, DAY AND YEAR. Residents MUST HAVE BEEN EMPLOYED AT THIS FACILITY during the ENTIRE RESIDENCY PERIOD CLAIMED. <b>USE SEPARATE SHEET(S) IF NECESSARY</b>					TAXPAYER FEDERAL ID NO.  AND
					FACILITY MISSOURI TAX ID NO. (MITS)
EMPLOYEE NAME/RESIDENT OF ZONE (ALPHABETIZE)	DATE EMPLOYED (MONTH/DAY/YEAR)	DATE TERMINATED, IF APPLICABLE (MONTH/DAY/YEAR)	RESIDENT'S SOCIAL SECURITY NUMBER	RESIDENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) (NO PO BOXES OR GENERAL DELIVERY)	PERIOD OF EMPLOYMENT AND RESIDENCY IN ZONE DURING TAX PERIOD: SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ADDRESSES LISTED FOR THE ABOVE EMPLOYEES ARE WITHIN THE BOUNDARIES OF THE FOREGOING ENTERPRISE ZONE.					
LOCAL ENTERPRISE ZONE COORDINATOR'S SIGNATURE		TELEPHONE NUMBER	DATE	TAXPAYER'S OR DESIGNEE'S SIGNATURE	
		(      )			
<b>ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</b> <b>MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</b>					



MISSOURI SCHEDULE  
**D**

**ENTERPRISE ZONE:  
SPECIAL EMPLOYEE CREDITS**

Read instructions carefully before completing form.

If Item 18 on form 135, or item (12) on form 135-A was checked "YES", complete the following information:

THE FOLLOWING EMPLOYEE/RESIDENTS AND DIFFICULT TO EMPLOYEE EMPLOYEES WERE TRAINED DURING

CALENDAR YEAR		OR TAX YEAR BEGINNING		ENDING		
NAME OF FACILITY				DATE FACILITY INITIALLY QUALIFIED FOR CREDITS (COMMENCEMENT DATE, MONTH/DATE/YEAR)		FACILITY FEDERAL ID NO.  AND
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. THIS SCHEDULE AND/OR SCHEDULE C MUST BE COMPLETED TO VERIFY 30% ELIGIBILITY.</b>						TAXPAYER FEDERAL ID NO.  AND
<b>IMPORTANT:</b> Employees who qualify because they (1) were UNEMPLOYED FOR AT LEAST 3 MONTHS, or (2) were ELIGIBLE FOR TEMPORARY ASSISTANCE or GENERAL RELIEF BENEFITS. <i>SPECIAL EMPLOYEES MAY BE CLAIMED EACH YEAR THEY ARE STILL EMPLOYED AT THIS FACILITY.</i> INCLUDE MONTH, DAY AND YEAR for beginning and ending dates of employment. <b>USE SEPARATE SHEET(S) IF NECESSARY</b>						FACILITY MISSOURI TAX ID NO. (MITS)
NAME OF SPECIAL EMPLOYEE (ALPHABETIZE)	DATE EMPLOYED (MO/DAY/YR)	EMPLOYEE'S SOCIAL SECURITY NO.	DIFFICULT TO EMPLOY (UNEMPLOYED 90 DAYS OR MORE) (YES OR NO)	ELIGIBLE FOR ASSISTANCE OR RELIEF BENEFITS (YES OR NO)	DATES UNEMPLOYED (MO/DAY/YR) AND/OR HOW/WHY ELIGIBLE FOR SUBSIDIES (VERIFICATION MAY BE REQUIRED)	PERIOD OF EMPLOYMENT DURING TAX PERIOD. SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.</b>						
TAXPAYER'S OR DESIGNEE'S SIGNATURE			DATE	PREPARER'S SIGNATURE		DATE
<b>ATTACH TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE. MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</b>						

