



**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		
PLEASE TYPE OR PRINT	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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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)						
STATUS-ACTIVITY	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)		_____	
	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.					
	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:						

CERTIFIED AND CLAIMED BENEFITS	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 st year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6b.	2 nd year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6c.	3 rd year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6d.	4 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6e.	5 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6f.	6 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6g.	7 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6h.	8 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
6i.	9 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
6j.	10 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
LEASE	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.			
MULTIPLE BUSINESSES	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. <input type="checkbox"/> YES <input type="checkbox"/> NO			
	8a. List names and REIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY.			
MULTIPLE FACILITIES	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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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.			
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.				
TRAINING CREDITS	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.") <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESIDENT CREDITS	11. Were any of THIS FACILITY'S employees residents of a MISSOURI ENTERPRISE ZONE DURING THIS TAX PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach Schedule C. (Addresses must be verified by enterprise zone representative(s).)			
SPECIAL CREDITS	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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach Schedule D.			

APPLICANT 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 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;
- Neither the Applicant, nor any person actively engaged in the management of the Applicant:
 - a) Has committed a felony, is currently under indictment for a felony, or is currently on parole or probation;
 - b) Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - c) Has filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
 - d) Has 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 the Department of Economic Development 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 this 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 the subcontractor under the 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 the Department of Economic Development and Department of Revenue access to documentation demonstrating compliance with this requirement
- 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 attest that I have read and understand the Business Facility Credit/Enterprise Zone guidelines;
- I will inform DED if, at any time before project completion, there is any change to any of the certifications made herein;
- I hereby agree to allow representatives of the Department of Economic Development (DED), Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program; and,
- 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. I am authorized to make the statement of affirmation contained herein. I 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 _____) COUNTY OF _____) ss. 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], _____ [Official Title], _____ [Name of Corporation/ Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated. _____ Notary Public My commission expires _____			

¹If more than one representative signs use a copy of this page for each signatory.



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., TAXPAYER FEDERAL ID NO., COMPUTING "NEW BUSINESS FACILITY EMPLOYEES" AND "NEW BUSINESS FACILITY INVESTMENT", FACILITY MISSOURI TAX ID NO. (MITS)

Table with columns: MONTHS, NEW BUSINESS FACILITY EMPLOYEES, NEW BUSINESS FACILITY INVESTMENT, and COLUMNS (A) through (D) for Year Filing and Base Year. Includes rows for Total, Average, Transferred Employees, and New Business Facility Employees/Investment.

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



**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, NOT INVENTORY).	(K) MONTHLY LEASE (IF APPLICABLE)	(L) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
TOTAL INVESTMENT			\$



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

Read instructions carefully before completing form.

Table with 2 columns: FOR CALENDAR YEAR OR TAX YEAR BEGINNING ENDING. Rows include: NAME OF FACILITY, FACILITY FEDERAL ID NO., TAXPAYER FEDERAL ID NO., FACILITY MISSOURI TAX ID NO. (MITS).

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

Table with 3 columns: Item number, Description, Amount. Items 1-4 regarding Missouri taxable income, compensation, and property value.

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 Department of
Economic Development

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			
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.								TAXPAYER FEDERAL ID NO.		
								AND		
IMPORTANT: 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. NO CREDITS WILL BE ALLOWED FOR EMPLOYEES NOT LISTED ON EITHER SCHEDULE C OR D.								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
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	

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



**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
<p>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.</p> <p>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.</p> <p>IMPORTANT: THIS SCHEDULE MUST BE VERIFIED AND SIGNED BY THE LOCAL ENTERPRISE ZONE COORDINATOR. 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. USE SEPARATE SHEET(S) IF NECESSARY</p>					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)
<p>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.</p>					
LOCAL ENTERPRISE ZONE COORDINATOR'S SIGNATURE		TELEPHONE NUMBER	DATE	TAXPAYER'S OR DESIGNEE'S SIGNATURE	
		()			
<p>ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</p> <p>MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</p>					



**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
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.						TAXPAYER FEDERAL ID NO. AND
IMPORTANT: 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. USE SEPARATE SHEET(S) IF NECESSARY						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)
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
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						

