



**NEW/EXPANDED BUSINESS FACILITY - HEADQUARTERS:
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 MISSOURI	ZIP CODE FACILITY MISSOURI TAX ID NO. (MITS)	
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 checked="" type="checkbox"/> C 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 entity(ies), enter the net MONTHLY rental/lease or license cost. INCLUDE ANY LEASED LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, SOFTWARE, AND HARDWARE 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 FEIN 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? Answer YES only if a single Missouri return is filed for these facilities. <input type="checkbox"/> YES <input type="checkbox"/> NO			
	9a. List of names and addresses of all Missouri facilities FILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY.			

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 Headquarters Credit 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:
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. A COMPLETE LIST OF EMPLOYEES, INCLUDING NAME, HIRE DATE, TERMINATION DATE (IF APPLICABLE), AND AVERAGE WEEKLY HOURS SHOULD BE SUBMITTED ELECTRONICALLY.					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 OR LICENSE RATE, 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	TOTAL				13
14	AVERAGE				14
15					15
16				\$	16
17		TRANSFERRED EMPLOYEES	()		17
18				TRANSFERRED INVESTMENT	(\$)
19		NEW BUSINESS FACILITY EMPLOYEES			19
20				NEW BUSINESS FACILITY 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	
<p>THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</p> <p>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</p>					



**NEW/EXPANDED BUSINESS FACILITY HEADQUARTERS:
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		
<p>THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this schedule via email in an excel document.</p>					
(E) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(F) ITEMIZED LIST: ALL PROPERTY IN USE THE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, SOFTWARE, AND HARDWARE; NOT 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 HEADQUARTERS:
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN D:
BASE TAX YEAR**

Read instructions carefully before completing form.

FOR CALENDAR YEAR	OR TAX YEAR BEGINNING	ENDING	
<p>THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this schedule via email in an excel document.</p>			
(I) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(J) ITEMIZED LIST: ALL PROPERTY IN USE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, SOFTWARE, AND HARDWARE; NOT INVENTORY).	(K) MONTHLY LEASE (IF APPLICABLE)	(L) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
TOTAL INVESTMENT			\$



**NEW/EXPANDED BUSINESS FACILITY HEADQUARTERS:
 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
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE.		TAXPAYER FEDERAL ID NO. AND
ALL TAXPAYERS MUST COMPLETE ITEMS 2-4.		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. DO NOT ESTIMATE: ENTER "UNKNOWN"	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 PROPERTY IN USE, including 8 times net ANNUAL rental or license rates, USED by this BUSINESS IN Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED PROPERTY VALUES. DO NOT INCLUDE INVENTORIES AND CONSTRUCTION IN PROGRESS.	\$

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**