



MISSOURI BUSINESS FACILITY TAX CREDIT PROGRAM

ATTACHMENTS

- E-Verify Memorandum of Understanding (MOU) - A copy of the executed MOU (electronically signed by company & DHS-USCIS) between the company / organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and the Social Security Administration must be on file for the company participating in the project.
- Employee Listing – Attach a current listing of all full-time employees at the facility to be considered.

Notice: Tax credits may be claimed against taxes imposed by Chapters 143 (state income tax, excluding withholding tax), 148 RSMo (financial institution tax), and Section 375.916 (Insurance Co. Retaliatory 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.

Contact information:

Missouri Department of Economic Development
BCS, Business & Community Finance
301 W. High Street, Room 770
P.O. Box 118
Jefferson City, MO 65102-0118
Phone: 573-751-4539 Fax: 573-522-4322
www.ded.mo.gov
E-mail: dedfin@ded.mo.gov



NEW/EXPANDED BUSINESS FACILITY CREDIT (HEADQUARTERS) – NOTICE OF INTENT

Section 135.110 – 135.155, RSMO

Name of Facility			Federal ID No. (FEIN)	
Facility Address			Missouri Tax ID No.(MITS)	
City	County	MISSOURI	Zip Code	
Does more than one company work from this project facility?			Yes	No
If yes, are the companies wholly-owned subsidiaries? Attach a copy of the organization chart illustrating the company ownership structure.			Yes	No
Commencement Date for New or Expanded Business Facility Project				
Has the company ever been convicted of a violation of the laws of any state and, or federal law? If yes, provide the date, the Court, the charges at disposition and the case number.			Yes	No
Has the "principal" (Chiefs Executive Officer, Chief Financial Officer, Principal, Managing Partner and, or Owner) ever been convicted of a violation of the laws of any state and, or federal law? If yes, provide the date, the Court, the charges at disposition and the case number.			Yes	No
Has the "contact" ever been convicted of a violation of the laws of any state and, or federal law? If yes, provide the date, the Court, the charges at disposition and the case number.			Yes	No
Contact Information				
Business Contact Person			Title	
Address		City	State	Zip Code
Telephone Number		Fax Number	E-mail	
Preparer Contact Person		Title		Company
Address		City	State	Zip Code
Telephone Number		Fax Number	E-mail	
Company Description				
Describe the business activities to be conducted at this facility (Be specific):				
Facility Description – Check all that apply				
<input type="checkbox"/> Start-Up Company				
<input type="checkbox"/> New Facility				
<input type="checkbox"/> Replacement Facility (a new facility which replaces an old facility)				
<input type="checkbox"/> Expansion Facility				
<input type="checkbox"/> Moving from _____ County to _____ County				

Certification

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

- The information submitted by the Company 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 Company hereby authorizes DED to verify such information from any source;
- Neither the Company nor any person identified in the application:
 - 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 Company or any person identified on the application which is likely to have a material impact on the Company's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Company 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 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 Tax Credit - Headquarters Program 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.
- 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 have the proper authority to execute this document on behalf of the Company and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Company, any owners or individuals engaged in the management of the Company, or other facts may result in criminal prosecution.

Applicant Signature		Title	
Print Name		Date	
Notary Public Embosser Seal	On this _____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	State of _____		County (or City of St. Louis)
	Notary Public Name	My Commission Expires	Use Rubber Stamp in Area Below
	Notary Public Signature		
Mail all claims for tax benefits and all related inquiries to: Business and Community Finance Missouri Department of Economic Development 301 W. High Street, Room 770 Jefferson City, MO 65102		Effective August 28, 2005, 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.	



Missouri Business Facility Credit (Headquarters) – Facility Base Employment

Name of Company

Address

City

County

State

Zip Code

Full-Time Employees

Month (Most recent)	Year	# of Full-Time Employees	Payroll of Full-Time Employees
Average Full-Time Employees & Payroll (Average of Last 12 Months)			



Current Employment Information

This listing should include all employees located at the facility and should be submitted in an Excel spreadsheet. Send electronically to dedfin@ded.mo.gov, noting that the list is intended for use with the Business Facility Credit program. Attach a copy to the Notice of Intent.

Name (Last, First)	Last 4 digits of SSN or Employee ID #	Date Hired	Average hours worked annually
Current Employment Number			
Taxpayer's or Designee's Signature	Title		Date
Preparer's Signature	Title		Date