



**NEW/EXPANDED BUSINESS FACILITY (HEADQUARTERS):
APPLICATION FOR INITIALLY CLAIMING TAX BENEFITS**

Read instructions carefully before completing form.
Schedules S and M must accompany this application which must be filed in tax period after development occurred.

	FOR 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	FACILITY MO TAX ID NO. (MITS)
	1. Name and mailing address if different than above:			
	NAME			
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)			
	1a. Name and address of other business facilities, if different from above:			
	2. Name, address and telephone of person completing application:			
	NAME	Email Address	TELEPHONE NUMBER ()	
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)			
Has the company ever been convicted of a violation of the laws of any state and, or federal law? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the date, the Court, the charges at disposition and the case number.				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the date, the Court, the charges at disposition and the case number.				
Has the "contact" ever been convicted of a violation of the laws of any state and, or federal law? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the date, the Court, the charges at disposition and the case number.				
STATUS-ACTIVITY	3. Business entity for tax purposes:			
	3a. <input type="checkbox"/> Corporation	3b. <input type="checkbox"/> Fiduciary	3c. <input type="checkbox"/> Individual Proprietorship	3d. <input type="checkbox"/> Partnership
	3e. <input type="checkbox"/> S-Corp.	3f. <input type="checkbox"/> Limited Liability Corp.	3g. <input type="checkbox"/> Limited Liability Partnership	3h. <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	
				%
				%
				%
				%
	3i. 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			
3j. Taxpayer's total Missouri employment (total number of employees):				
4. Describe the business activity(ies) conducted at this facility. Be specific.				
4a. Enter the facility's 5-digit NAICS number:				

DEVELOPMENT DESCRIPTION	<p>5. Which one of the following BEST describes the facility where the development occurred? (CHECK ONLY ONE)</p> <p>5a. <input type="checkbox"/> A new facility (recently organized and formed)</p> <p>5b. <input type="checkbox"/> A new facility to Missouri (relocation or expansion from another state)</p> <p>5c. <input type="checkbox"/> A new facility that replaces an "old" facility closed by the CURRENT TAXPAYER</p> <p>5d. <input type="checkbox"/> A new facility in addition to another or other OPEN AND OPERATING Missouri facility</p> <p>5e. <input type="checkbox"/> An expansion of an existing facility (attached to an existing structure)</p> <p>5f. <input type="checkbox"/> An expansion of an existing facility (separated from existing structure (s) but on same site)</p>
DEVELOPMENT DESCRIPTION	<p>6. Short description of development (Attach separate sheet(s) if necessary):</p>
LEASE – PURCHASE – ACQUISITION	<p>7. Was this new or expanded facility leased from another entity(ies)? (Includes rental/lease or license cost of land, building, machinery, equipment, software, hardware, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, enter the date the rental/lease or license started: <i>(Month, Day, Year)</i></p> <p>7a. Enter the net MONTHLY rental/lease/license cost for the TAX PERIOD \$ BEING CLAIMED:</p> <p>7b. Enter the net MONTHLY rental/lease/license cost for the PREVIOUS TAX \$ PERIOD:</p> <p>7c. Was this facility occupied by ANOTHER TAXPAYER immediately prior to the starting date of YOUR lease? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, what was the previous operation and why did it cease at this location?</p> <p>7d. If no, enter the dates or period of time the facility was closed: From <i>(month, day, year)</i> To <i>(month, day, year)</i></p> <hr/> <p>8. Was this new or expanded facility acquired or purchased from another entity(ies)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8a. If yes, enter the date title to acquire property was transferred: <i>(month, day, year)</i></p> <p>8b. Enter the purchase price paid for property in use at the project facility \$ (not including inventory):</p> <p>8c. Was the facility occupied by ANOTHER TAXPAYER immediately prior to the date the title was transferred to YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8d. If yes, what was the previous operation and why did it cease at this location?</p> <p>8e. If no, enter the dates or period of time the facility was closed: From <i>(month, day, year)</i> To <i>(month, day, year)</i></p>
REPLACEMENT FACILITY	<p>9. Was a facility previously operated by YOU OR A RELATED TAXPAYER closed elsewhere in Missouri as a result of this facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NOTE: RELATED TAXPAYER MEANS A CORPORATION, PARTNERSHIP, TRUST, ASSOCIATION OR INDIVIDUAL IN CONTROL OF OR CONTROLLED BY THE TAXPAYER. "IN CONTROL OF" MEANS 50% OR MORE OWNERSHIP.</p> <p>9a. If yes, explain what occurred.</p> <p>9b. Date of closure:</p> <p>9c. Amount of investment IN USE at former facility at time of closure? \$</p> <p>NOTE: INCLUDE LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND OTHER PROPERTY IN USE (BUT NOT INVENTORY) AS DEFINED IN INTERNAL REVENUE CODE SECTION 167. THE VALUE OF SUCH PROPERTY IS TO BE DETERMINED BASED ON ITS ORIGINAL COST IF OWNED, OR EIGHT TIMES THE NET ANNUAL RENTAL/LEASE/LICENSE RATE IF RENTED (MONTHLY RENT TIMES 12 TIMES 8). NET ANNUAL RENTAL RATE MEANS THE ANNUAL RENTAL RATE PAID BY THE TAXPAYER, LESS ANY RENTAL FEES RECEIVED BY THE TAXPAYER FROM SUBRENTALS.</p> <hr/> <p>10. Did the TAXPAYER OR A RELATED TAXPAYER operate the now closed facility during the tax period immediately preceding the taxable year in which commencement of commercial operations occurred at this new or expanded facility? (See data entered on line 13.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

	<p>11. Were the operations previously conducted at the closed facility the same as or substantially similar to the operations being conducted by you at this facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>11a. If no, describe operations of former facility:</p>
COMMENCEMENT DATE	<p>12. Date taxpayer commenced the new or expanded operations at this facility. THIS DATE MUST BE FOR AT LEAST ONE FULL MONTH DURING THE TAX PERIOD for which these tax benefits are being claimed, and must be during the FIRST TAX PERIOD this NEW or EXPANDED PORTION OF THIS FACILITY was FIRST PUT INTO USE by the taxpayer claiming these tax benefits. (month, day, year)</p>
MULTIPLE BUSINESSES	<p>13. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES.</p> <p>13a. List names and FEIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY:</p>
MULTIPLE FACILITIES	<p>14. 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.</p> <p>14a. List names and addresses of all Missouri facilities FAILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY:</p>
THIS PORTION IS TO BE COMPLETED BY TAXPAYERS CLAIMING NEW OR EXPANDED BUSINESS FACILITY TAX BENEFITS.	
EXISTING BUSINESS CREDIT	<p>15. At the time of commencement, or immediately prior to commencement of this expansion, addition or replacement, did the taxpayer operate ANY OTHER MISSOURI facility(ies) in addition to the new or expanded facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>15a. If yes, describe the commercial operation at the OTHER FACILITY(IES). Be Specific.</p> <p>15b. Enter the NAICS number(s) of the OTHER FACILITY(IES):</p>

APPLICANT CERTIFICATION

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

1. 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;
2. 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;
3. 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;
4. Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
5. The Company has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. I attest that I have read and understand the New/Expanding Business Facility Program guidelines.
13. I will inform DED if, at any time before project completion, there is any change to any of the certifications made herein.
14. 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.
15. 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 an executive level representative of the Company and 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.

COUNTY OF _____)

STATE 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/ Agency], known to me to be the person who executed the within Agreement on behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated.

Notary Public

(STAMP OR SEAL)

My commission expires _____

MAIL ALL CLAIMS FOR TAX BENEFITS TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102. SCHEDULES S AND M MUST ACCOMPANY THIS APPLICATION, OR HAVE BEEN SENT ELECTRONICALLY. THIS APPLICATION MUST BE FILED WITH THE DEPARTMENT OF ECONOMIC DEVELOPMENT IN THE TAX PERIOD AFTER THE COMMENCEMENT TAX PERIOD, AND PRIOR TO CLAIMING THE BENEFITS ON YOUR MISSOURI TAX RETURN.



**NEW/EXPANDED BUSINESS FACILITY (HEADQUARTERS):
EMPLOYEES AND INVESTMENT CREDITS**

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
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	(\$)	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. (THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.)

TAXPAYER'S OR DESIGNEE'S SIGNATURE	DATE	PREPARER'S SIGNATURE	DATE
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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 (HEADQUARTERS):
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN C: TAX YEAR FILING**

Read instructions carefully before completing form. Schedule S - 1 data may also be submitted electronically.

FOR CALENDAR YEAR		OR TAX YEAR BEGINNING	ENDING		
THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S.					
(E) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(F) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE 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
THIS FORM IS REQUIRED TO VERIFY SCHEDULE S.			
(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, 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		



NEW/EXPANDED BUSINESS FACILITY (HEADQUARTERS): CURRENT EMPLOYMENT WORKSHEET

Read instructions carefully before completing form.

FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____ ENDING _____

THIS FORM IS REQUIRED TO VERIFY SCHEDULE S. This listing should include all employees located at the facility and may 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.

Name (Last, First)	Last 4 digits of SSN or Employee ID #	Date Hired	Average hours worked per week

Taxpayer's or Designee's Signature _____ Date _____

Preparer's Signature _____ Date _____