Missouri Department of Economic Development

Missouri Form 447-R

BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR CLAIMING REMEDIATION TAX CREDITS

READ PAGES 7-8 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

THIS SCHEDULE IS TO BE COMPLETED BY TAXPAYERS CLAIMING THE REMEDIATION TAX CREDITS AND IS TO BE ATTACHED TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE, ALONG WITH ALL NECESSARY SCHEDULES.

COSTS INCURRED FOR PERFORMING VOLUNTARY REMEDIATION ACTIVITIES DURING THE TAX PERIOD BEGINNING _____ _____, _____, ENDING _____ _____, _____

PLEASE TYPE OR PRINT	NAME OF ELIGIBLE PROJECT	FEDERAL I.D. NO. AND
	ADDRESS OF ELIGIBLE PROJECT (STREET AND P.O. BOX)	TAXPAYER FEDERAL I.D. NO. AND
	CITY COUNTY STATE ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

Enter the amount of expense incurred DURING THIS PERIOD for performing voluntary remediation activities at the eligible project. DO NOT INCLUDE any costs associated with your responsibility to comply with environmental requirements at the eligible project, or any remediation costs arising from your ongoing business operations. **COPIES OF PAID INVOICES AND CANCELLED CHECKS MUST BE ATTACHED. ATTACH A SEPARATE SPREADSHEET OR CREATE YOUR OWN IF NECESSARY. LIST EACH INVOICED AMOUNT SEPARATELY.**

DESCRIPTION	INVOICE DATE	AMOUNT OF INVOICE	CORRESPONDING CHECK NUMBER	AMOUNT ALLOCATED TO REMEDIATION (ELIGIBLE AMT)
MATERIALS				
SUPPLIES				
EQUIPMENT				
LABOR				
PROFESSIONAL FEES (ENGINEERING, CONSULTING OR ARCHITECTURAL)				
PERMITTING FEES AND EXPENSES				

DIRECT UTILITY CHARGES, TOTAL				
NATURAL GAS				
ARTIFICIAL GAS				
ELECTRICITY				
WATER				
SEWER				
OPERATING & MAINTENANCE OF REMEDIATION EQUIPMENT				
DEMOLITION ***Only demolition necessary for remediation is eligible for remediation tax credits. In order to receive tax credits for eligible demolition costs, these costs must be listed separately and certified by the contractor.***				
OTHER EXPENSES (SPECIFY)				
TOTAL REMEDIATION COSTS			**$**	

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

_____ _____

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

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.

Revised: 2/99