Department of Economic Development

Missouri Form 447

BROWNFIELD REDEVELOPMENT PROGRAM APPLICATION FOR INITIALLY CLAIMING REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS

READ PAGES 2–4 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

ALL NECESSARY FORMS (SEE INSTRUCTIONS) MUST ACCOMPANY THIS APPLICATION WHICH MUST BE FILED IN TAX PERIOD IN WHICH CREDITS ARE BEING CLAIMED OR AFTER THE ELIGIBLE PROJECT WAS ESTABLISHED.

FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____ _____, _____, ENDING _____ _____, _____

FOR EITHER REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS:

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)

FOR BROWNFIELD TAX BENEFITS ONLY:

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

1. Attach Missouri Schedule 447-E (see instructions), and if necessary, a copy of the "No Further Action" letter or covenant not to sue.

2. Name and mailing address if different than above.

   _____
   Name

   _____
   Address (Street, P.O. Box, City, State, Zip Code)

3. Name, address and telephone of person completing application.

   _____
   Name Telephone Number

   _____
   Address (Street, P.O. Box, City, State, Zip Code)

4. Business entity for tax purposes (see instructions):

   4a. ☐ Corporation 4b. ☐ Limited Liability Company 4c. ☐ Individual Proprietorship 4d. ☐ Partnership 4e. ☐ S-Corp.

NOTE: If the taxpayer is a Partnership or S-Corporation, identify the names, social security number and proportioned share of ownership of each partner or shareholder as of the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.

NAME(S)	SOCIAL SECURITY NO.(S)	% OWNERSHIP YEAR END
	--- ---	%
	--- ---	%
	--- ---	%
	--- ---	%

5. Describe the business activities conducted at this eligible project. Be specific._____

6. Were any operations of a business similar to this business, previously operated by you or a related taxpayer, closed elsewhere in Missouri as a result of this eligible project? ☐ Yes ☐ No
   If yes, enter the date the former business was closed (Day/Month/Year): ____/____/____ and ATTACH A WRITTEN STATEMENT EXPLAINING THE REASON FOR DISCONTINUING OPERATIONS AT THE CLOSED BUSINESS. Include a description of the activities performed at the old business prior to closure and describe the need for relocation.

7. Enter the date the eligible project or business that is located at the eligible project was first used (Day/Month/Year): _____/_____/_____

8. Does the taxpayer requesting these benefits have interest(s) in any other BUSINESS(ES) in MISSOURI that FILED A SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT FOR THIS TAX PERIOD? ☐ Yes ☐ No
ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES.

8a. List names and federal identification number (FEIN) of other businesses FILING SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT:

4 _____

9. Does the taxpayer of this eligible project or business located at this eligible project operate any other BUSINESS(ES) in MISSOURI besides this eligible project or business? ☐ Yes ☐ No
ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES FOR THIS PERIOD.

10. At the time the eligible project or business located at this eligible project was first used (see No. 7 above), did the taxpayer operate any other businesses in Missouri? ☐ Yes ☐ No

10a. If yes, describe the business activities at the other business(es). Be specific. _____

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