MISSOURI
Department of Economic Development

Missouri Schedule CC

BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR CLAIMING BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS
VERIFICATION OF RETAINED EMPLOYEES

READ PAGES 14-16 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

THIS SCHEDULE IS TO BE FILED EACH YEAR BROWNFIELD TAX BENEFITS ARE BEING CLAIMED AND FOR REMEDIATION TAX CREDITS PRIOR TO AUGUST 28, 1998 (SEE INSTRUCTIONS), BY ALL OPERATORS/TAXPAYERS WHO ANSWERED "YES" TO QUESTION 6 ON MISSOURI FORM 447.

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

PLEASE TYPE OR PRINT

NAME OF ELIGIBLE PROJECT _____ FEDERAL I.D. NO. _____

NAME OF BUSINESS _____ FEDERAL I.D. NO. _____

Enter the names and social security numbers of persons who were employed at the closed business prior to the time the person was employed at the new eligible project (see instructions). Attach separate sheet if necessary.

NAME OF EMPLOYEE (Alphabetize)	SOCIAL SECURITY NUMBER	DATE OF INTIAL EMPLOYMENT AT CLOSED FACILITY (DAY/MONTH/YEAR)	AVERAGE # HOURS WORKED PER WEEK AT CLOSED FACILITY DURING TAX PERIOD PRIOR TO QUALIFYING YEAR	AVERAGE # HOURS WORKED PER WEEK AT NEW FACILITY DURING THIS TAX PERIOD
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK
	-- --	/ /	HRS/WEEK	HRS/WEEK

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

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

Revised: 2/99