



**BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR CLAIMING BROWNFIELD TAX BENEFITS
“DIFFICULT TO EMPLOY” EMPLOYEES**

READ PAGES 12-14 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

THE FOLLOWING EMPLOYEES, AT THE TIME OF EMPLOYMENT BY THIS FACILITY, WERE UNEMPLOYED AT LEAST 90 DAYS, AND WERE STILL EMPLOYED AT THIS FACILITY DURING CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____, _____, ENDING _____, _____

NAME OF ELIGIBLE PROJECT			
NAME OF BUSINESS			
DATE ELIGIBLE PROJECT INITIALLY QUALIFIED FOR CREDITS (Commencement date: month/day/year)	FEDERAL I.D. NO.	TAXPAYER FEDERAL I.D. NO.	MISSOURI TAX I.D. NO. (MITS)
/ /	OR	AND	

THIS SCHEDULE IS TO BE COMPLETED ONLY BY OPERATORS/TAXPAYERS HIRING “DIFFICULT TO EMPLOY” EMPLOYEES AND IS TO BE ATTACHED TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE, EACH YEAR BENEFITS ARE CLAIMED. **IMPORTANT:** Employees must have been unemployed at least 90 days prior to being hired at this eligible project, and must have been hired NO EARLIER THAN 90 DAYS BEFORE THIS BUSINESS COMMENCED OPERATIONS (see date above and Line (7) Form 447). The employee MUST STILL BE EMPLOYED DURING THIS TAX PERIOD. INCLUDE MONTH, DAY AND YEAR for beginning and ending dates of employment (see instructions). **USE SEPARATE SHEET(S) IF NECESSARY.**

SPECIAL EMPLOYEE NAME (ALPHABETIZE)	DATE EMPLOYED (Month/Day/Year)	EMPLOYEE’S SOCIAL SECURITY NUMBER	DIFFICULT TO EMPLOY (UNEMPLOYED 90 DAYS OR MORE) YES OR NO	DATES UNEMPLOYED (Month/Day/Year) (Verification may be required)	PERIOD OF EMPLOYMENT DURING TAX PERIOD: SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /
	/ /	- -		Beginning: / / Ending: / /	Beginning: / / Ending: / /

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