Missouri Department of Economic Development

Missouri Schedule MM

BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR CLAIMING BROWNFIELD TAX BENEFITS
APPORTIONMENT OF MISSOURI TAXABLE BUSINESS INCOME

READ PAGES 16-17 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

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

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

THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE.

IF A MISSOURI CONSOLIDATED RETURN IS FILED, ITEMS 1 AND 5 MUST INCLUDE THE CONSOLIDATED AMOUNTS.

1.	Enter the amount of compensation paid to all persons employed by this TAXPAYER in Missouri DURING THIS TOTAL PERIOD. INCLUDE ALL CONSOLIDATED COMPENSATION (see instructions).	$
2.	Enter the amount of compensation paid DURING THIS TAX PERIOD to ALL PERSONS employed at THIS ELIGIBLE PROJECT FACILITY ONLY (see instructions).	$
3.	Enter the AVERAGE VALUE of ALL REAL and DEPRECIABLE TANGIBLE PERSONAL PROPERTY, including 8 times net ANNUAL rental rates, USED by this TAXPAYER in Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED PROPERTY VALUES. **DO NOT INCLUDE PORTABLE/HAND HELD TOOLS, SUPPLIES OR INVENTORIES** (see instructions).	$

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: 5/99