MISSOURI MANUFACTURING JOBS PROGRAM
Manufacturers ANNUAL VERIFICATION

Updated: Jun 2015

QUALIFIED MANUFACTURING COMPANY

Name of Vehicle Manufacturing Company			Federal Tax ID No. (FEIN)
Project Facility Address			**NAICS** **33611**
City	County	**MISSOURI**	Zip Code

Contact Person			Title
Mailing Address	City	State	Zip Code
Telephone Number	Fax Number	Email	

Only submit investment if not previously submitted

What type of product is manufactured at this facility as defined in the MMJ Program Guidelines? ☐ **NEW** ☐ **EXPANDED**

ATTACH **Provide a detailed list of the new investment to include: Date purchased – Date put in Service - Description - Cost**

# of jobs retained under this program		What is the cumulative capital investment made to date?	$

Does the company pay 50% or more of the health insurance premium?			☐ **YES**	☐ **NO**	Date of eligibility (Hourly)	days
What percentage is paid by the employer?	Hourly	%	Salary	%	Date of eligibility (Salary)	days
Has the company utilized MO Quality Jobs for the new jobs?			☐ **YES**	☐ **NO**		

Is the company utilizing any other state program(s) authorizing the retention of withholding tax (e.g. New Jobs Training, Job Retention Program, Real Property Tax Increment Allocation Redevelopment, MO downtown & rural economic stimulus act)?	☐ **YES**	☐ **NO**

NOTE: Benefits for which the qualified manufacturing company is eligible and which utilize withholding tax from the jobs at the facility shall first be credited to the other state program before the applicable withholding period for benefits provided under this program begin. If the qualified manufacturing company participates in the New Jobs Training program, it cannot retain any withholding tax that has already been allocated for use in the New jobs Training Program.

If YES, name program(s) ►

ATTACH

- **Provide a list of ALL employees at the facility to include: Name –Employee ID – Date Hired – Date Term – Health Benefit eligibility (y / n) – Amount of Withholding Retained**
- **Tax Clearance**

Reconcile monthly amount of withholding remitted and retained during the calendar at the project facility

Month / Year	Total number of employees at the facility	Number of employees retained withholding tax	Amount of retained withholding

CERTIFICATION

I, the undersigned, acting on behalf of the Company named below, hereby certify and agree to the following:

- The information submitted by the Company to DED in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Company hereby authorizes DED to verify such information from any source;
- The Company, contact person(s), owners, or signors identified in the application (Please mark appropriate box. If you mark "Have" or "Are", please provide an explanation on another sheet of paper):
  - a) ☐ Have ☐ Have not--committed a felony, is currently under indictment for a felony, or is currently on parole or
  - b) ☐ Are ☐ Are not--delinquent with respect to any non-protested federal, state or local taxes or
  - c) ☐ Have ☐ Have not--filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED;
  - d) ☐ Have ☐ Have not--failed to fulfill any material obligation under any other state or federal
- There are no pending or threatened liens, judgments, or material litigation against the Company or any person identified on the application which is likely to have a material impact on the Company's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Company has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
- I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that the applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.
- I certify that the Applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify applicant for the program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the Applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the Applicant will maintain and provide the Department of Economic Development and Department of Revenue access to documentation demonstrating compliance with this requirement.
- I understand that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the applicant is found to have employed an unauthorized alien, applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- I understand that if the applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Manufacturing Jobs Act program guidelines.
- I hereby agree to allow representatives of the Department of Economic Development (DED), Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program.
- The Company agrees that if, at any point during the benefit period, threshold levels for the number of new jobs fall below the program minimum on average for the tax year, or any other program requirement is not met or maintained, the Company will notify DED immediately. In addition, the Company will stop retaining the state withholding tax in conjunction with the benefits of this program and will remit the state withholding tax to the Missouri Department of Revenue.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I am a Corporate Officer/Member of the Applicant and have the proper authority to execute this document on behalf of the Applicant and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Applicant, any owners or individuals engaged in the management of the Applicant, or other facts may result in criminal prosecution.

Applicant Signature	Print Name	Title	Date

STATE OF _____) ss. OUNTY OF_____)

On this _____day of _____in the year 20____ before me, _____, a Notary Public in and for said state, personally appeared _____[name of Corporate Officer / Member), _____ [Official Title], _____ [Name of Corporation / Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated.

_____ Notary Public _____ My commission expires