



# MISSOURI WORKS - RETENTION PROGRAM

## ANNUAL VERIFICATION

(July through June of each Year)

QUALIFIED COMPANY					
Name of Company (Parent or Primary Project Facility)				Federal Tax ID No. (FEIN)	
Primary Project Facility Address				NAICS	
City	County	MISSOURI		Zip Code	
Additional PROJECT FACILITY(ies) Information			<input type="checkbox"/> N / A	(Attach additional sheet(s) if needed)	
Facility Address 1	City	Zip Code	FEIN	Current # of FT Employees	
Facility Address 2	City	Zip Code	FEIN	Current # of FT Employees	
Facility Address 3	City	Zip Code	FEIN	Current # of FT Employees	
CONTACT INFORMATION (Please provide two (2) contact persons that DED may contact directly regarding this program)					
Contact Person			Title		
Mailing Address		City	State	Zip Code	
Telephone Number	Fax Number	Email			
Contact Person			Title		
Mailing Address		City	State	Zip Code	
Telephone Number	Fax Number	Email			
PROJECT FACILITY, RELATED FACILITY, QUALIFIED COMPANY INFORMATION					
Number of minority jobs created or retained (for Program Agreements effective as of or after 8/28/2019).					
Has any information (below) regarding the project facility, related facilities, or the qualified company changed since the Notice of Intent (NOI) was submitted and approved?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to question above – Complete entire section below; If NO to first question – SKIP to “Other Programs Utilized” section					
• Is the Project Facility address the permanent facility?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Is the Project Facility address(es) the same as outlined in the NOI? If no, please explain. _____				<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Is there more than one company considered the Qualified Company, which is not listed on the NOI? If yes, please explain. _____				<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Is the Health Insurance offered to employees the same as listed on the NOI?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<b>If NO →</b>	Name of Health Insurance		
What percentage of the health insurance premium is paid by the company for full-time employees at the project facility?					%
Does Health Insurance begin immediately upon hire?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, when are they eligible?	days
• Does the company continue to offer health insurance to all full-time employees at ALL facilities in MO?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Are full-time employees scheduled to work at least 35 hours a week working in the new jobs?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Does the company participate in an employee stock ownership plan?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

• Was there a decrease in the number of full-time employees at any related facility(ies) or company(ies) in MO?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Has the type of business changed since the NOI was submitted? If yes, please check the appropriate box.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>Type of Business</b>	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> NFP	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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• Has the ownership of the company changed? If yes, provide information below or on an additional sheet. If LLC, Partnership, S-Corp, provide SSNs for the individuals.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Aggregate proportionate shares or percent of total ownership for **ALL TYPES OF BUSINESSES** must total 100%.

Name (First, MI, Last)/Company/Trust	SSN / FEIN	Ownership %	Name (First, MI, Last)/Company/Trust	SSN / FEIN	Ownership %

• Is the company now owned 51% or more by women?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<b>OTHER PROGRAMS UTILIZED</b>	<input type="checkbox"/> N / A
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**NOTE:** Benefits for which the qualified company is eligible and 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 company participates in the Missouri One Start Program, it cannot retain any withholding tax that has already been allocated for use in the Missouri One Start Program.

Has the company utilized another MO Works program for the new jobs? If yes, those jobs will be claimed on the Missouri Works Annual Verification.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Is the company utilizing any other state program(s) authorizing the retention of withholding tax (e.g. Missouri One Start, Tax Increment Financing (TIF), MO Downtown Economic Stimulus Act (MODESA) & MO Rural Economic Stimulus Act (MORESA))?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, name program(s) ►	
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**RETAINED EMPLOYEES/CAPITAL INVESTMENT**

<b>ATTACH</b>	Provide a detailed list of the new investment to include: Date purchased – Date put in service - Description – Cost. Provide documentation of invoices, lease, and proof of payment for the new investment list for the fiscal year reported.
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What is the cumulative capital investment made to date?	\$	# of jobs retained under this program	
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<b>ATTACH</b>	Provide a list of ALL Full-Time employees (scheduled to work at least 35 hours / week) that worked at the facility during the fiscal year reported, including owners. Note : Owners are not eligible for benefits
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Name	Employee ID	Hire Date	Term Date	Job Title	Status Category	Company Name	Facility Address	Annualized Gross Pay	W-2 Box 16 Taxable Wages	Annual # of Hours Scheduled to Work	Withholding Retained / per Employee

**Reconcile monthly amount of withholding remitted and retained during the fiscal year at the project facility.**

(Application is to be submitted based on the State of Missouri's Fiscal Year & NOT the Company tax period)

**Actual program benefits will be based upon the W-2 Box 16 Wages of Retained Payroll.**

Month / Year	Total number of employees at the facility	# of Employees Claimed for Retention Project	Amount of retained withholding
JUL 20__			
AUG 20__			
SEP 20__			
OCT 20__			
NOV 20__			
DEC 20__			
JAN 20__			
FEB 20__			
MAR 20__			
APR 20__			
MAY 20__			
JUN 20__			

## CERTIFICATION

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

- The information submitted by the Applicant to the Missouri Department of Economic Development (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 Applicant hereby authorizes DED to verify such information from any source;
- The Applicant, 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 charged with commission of a felony, or is currently on parole or probation;
  - b) Are      Are not--delinquent with respect to any non-protested federal, state or local taxes or fees;
  - c) Have      Have not--filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
  - d) Have      Have not--failed to fulfill any material obligation under any other state or federal program;
- There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person identified on the application which is likely to have a material impact on the Applicant's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Applicant 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 DED 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 this 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 each such subcontractor under 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 DED and the Missouri Department of Revenue (DOR) access to documentation demonstrating compliance with this paragraph.
- 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 have read and understand the Missouri Works Program guidelines.
- I hereby agree to allow representatives of DED or DOR access to the property and applicable records as may be necessary for the administration of this program.
- The Applicant 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 Applicant will notify DED immediately. In addition, the Applicant will stop retaining the state withholding tax in conjunction with the benefits of this program and will remit the state withholding tax to DOR.
- 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
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STATE OF \_\_\_\_\_ SS. COUNTY 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], \_\_\_\_\_ [Name of Corporation / Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said Applicant and acknowledged to me that he or she executed the same for the purposes therein stated.

\_\_\_\_\_ Notary Public                      My commission expires \_\_\_\_\_

# Retention – Annual Application

REQUIRED ATTACHMENTS	
CHECK BOX	
	<b>Employment Spreadsheet</b> – Provide a list of ALL Full-Time employees (scheduled to work at least 35 hours per week) that worked at the Project Facility(ies) and/or Related Facility(ies) during the reporting period (use employment spreadsheet template).
	<b>Fixed Asset Detail</b> – Provide a detailed listed of the new investment to include: Date purchased – Date put in Service – Description – Cost. Provide documentation of invoices, lease, and proof of payment for the new investment list for the fiscal year reported.
	<b>Tax Clearance</b> - Company needs to submit Form MO-943 to the Department of Revenue. If multiple entities are participating in this project, a Certificate of Tax Clearance is required for each entity.
<b>The following documents must be submitted with the MO Works New Jobs Annual Verification IF the item has NOT been previously received by DED or there have been changes.</b>	
	<b>Health Insurance</b> – Copy of employer paid health insurance benefits; include eligibility start date for new hires and % of premium paid by employer.
	<b>Multiple Worksite Report</b> – If there are multiple facilities within the state, the business/organization is required to complete the Multiple Worksite Report (MWR) – BLS 3020 for the duration of the program benefits, including the twelve (12) months previous of the submission date of the Notice of Intent.
	<b>Organization Chart</b> – Attach a copy of the complete organization chart illustrating the qualified company’s ownership as well as other subsidiaries owned by the same parent company or by the qualified company.
	<b>Power of Attorney</b> – If the Certification is signed by a third party (an individual that is not an employee with the company); a copy of the Power of Attorney or document giving permission for such person to make the representation on behalf of the company must be attached.

If this application package contains any materials that the Company considers to be closed records pursuant to Section 620.014 RSMo, each page must be clearly marked as ‘**Confidential**’ and the Company must provide a written explanation of how releasing the information would endanger the competitiveness of the business, or any other reason for seeking confidentiality.

Effective August 28, 2005, and pursuant to Section 620.1900, RSMo, this tax credit program is subject to a fee of 2.5% of the amount of tax credits issued. Applicants will be invoiced for the fee after the tax credit application has been approved. Tax credits will be issued upon receipt of the fee. This fee applies to tax credits only, not retention of withholding taxes.

**Notice:** Tax credits may be claimed against taxes imposed by Chapters 143 (state income tax, excluding withholding tax) and 148 RSMo (financial institution tax) and may not be carried forward; but shall be claimed within one year of the close of the taxable year for which they were issued. The tax credits may be transferred, sold or assigned; or the company can receive a refund in the amount exceeding the company’s income tax liability.

## **Annual Reporting Requirements and Penalty Provisions**

All tax credit recipients must be familiar with the annual reporting requirements and penalties for non-compliance established under the Tax Credit Accountability Act of 2004. The responsibility for compliance falls with the tax credit recipient. Recipients of tax credits are required to submit the Tax Credit Accountability Act Reporting Form to the **Department of Revenue**. You may contact (573) 526-8733 (Personal Tax) or (573) 751-4541 (Corporate Tax) with any questions.

**NOTE: Failure to report for more than six months, but less than a year, shall result in a penalty of 2% of the value of the credits for each month of that delinquency; failure to report for more than a year shall result in a 10% penalty for each month of delinquency up to 100% of the value of the credits; and any fraud in the application process will result in a penalty equal to 100% of the credits issued.**

### **Contact information:**

Missouri Department of Economic Development, BCS, Business & Community Solutions  
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