



MISSOURI WORKS – NEW JOBS ANNUAL VERIFICATION

| QUALIFIED COMPANY | | Tax Period | | Beg | End |
|---|--|------------------------------|--------------------------------|---|-----------------------------|
| 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 | | | | | |
| 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 <u>entire</u> 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 |
| If NO → | | 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 |
| ATTACH | A list of employee at any RELATED facility to the Project Facility | | | | |

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 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 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 Missouri Works 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.
- 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. _____ 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 company and acknowledged to me that he or she executed the same for the purposes therein stated.

_____ Notary Public My commission expires _____

NEW JOBS – ANNUAL APPLICATION

ATTACHMENTS

- **Fixed Asset Detail** – 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. (Rural & Zone Works ONLY)
- **Employee List** – Provide a list of ALL Full-Time employees (scheduled to work at least 35 hours / week) that worked at the Project facility(ies) during the fiscal year reported with requested headings.
- **List of Additional Facility Addresses in MO NOT part of the Project Facility** – On a separate sheet of paper, please list all facilities (Company Name, address, Average Number of employees) in Missouri that are NOT part of the Project Facility.
- **Power of Attorney** – 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.
- **Memorandum of Understanding (MOU)** - A copy of the executed MOU (electronically signed by company & DHS-USCIS) between the company / organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and the Social Security Administration must be on file for the company(ies) participating in the project (if not previously submitted).
- **Company Health Plan** – The company’s health plan, if it has changed during the tax year reported, attach a copy of the company’s health benefit plan including documentation that the company pays at least 50% of the premiums. Documentation should include the name of the health plan offered to employees, the percentage the employer pays compared to the employee and when the employee becomes eligible for the company’s health plan.
- **Organization Chart** – Attach a copy of the complete organization chart if it has changed since the Verification of Eligibility Threshold (VET) or last year’s Annual Report/Application for Tax Benefits was submitted. The organization chart should illustrate the qualified company’s ownership as well as other subsidiaries owned by the same parent company or by the qualified company.

Contact information:

Missouri Department of Economic Development, BCS, Business & Community Finance
301 W. High Street, Room 770, P.O. Box 118, Jefferson City, MO 65102-0118

Phone: 573-751-4539 • Fax: 573-522-4322

Website: www.ded.mo.gov/moworks

E-mail: dedfin@ded.mo.gov

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 written support that releasing the information would endanger the competitiveness of the business.

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.