

## **APPLICATION INSTRUCTIONS:**

### **1. APPLICANT INFORMATION:**

**Name:** Provide the name of the individual or entity that is filing the application and will receive the tax credits. The tax credit certificate will be issued to the individual or entity entered as the applicant.

**Type of Entity:**

- If the applicant is a business entity, complete the appropriate information on the left. Check the appropriate box indicating the type of entity. Supply the name of an authorized company official and the address. Enter the entity's Taxpayer Identification Number. Supply the appropriate NAICS code (see Definitions in Guidelines). Enter the authorized company official's email address, if available. List the property owner.
- If the applicant is an individual, complete the appropriate information on the right. Check the appropriate box indicating if the individual is the property owner. Enter the individual's contact information. Supply the individual's Social Security Number and spouse's Social Security Number, if applicable. Enter the applicant's email address, if available. If the individual requesting tax credits is not the property owner, please list the owner.
- **Special Note:** For entities with flow through tax treatment (e.g., partnerships, S-corporations, etc.), on a separate sheet include the name, address, and social security number or taxpayer ID number for all persons or entities with an ownership interest. Provide the percentage ownership interest for each taxpayer as of the time of the application. If the tax credits are to be certified other than pro rata according to the proportion of ownership interest, attach an executed agreement among the partners, members, or owners documenting the alternate distribution method.

### **2. PROJECT CONTACT:**

**Applicant/Owner/Other:** Check the appropriate box and specify the name and contact information of the contact person. The Project Contact may be the applicant or a third-party contact. All correspondence from DED will be sent to the Project Contact.

### **3. TAXPAYER INFORMATION:**

Please contact the Taxpayer to obtain the relevant information.

### **4. ECONOMIC ACTIVITY RESULTING FROM THE USE OF TAX CREDITS:**

**Anticipated Number of Jobs Created:** Enter the number of jobs expected to be created as a result of the Tax Credits; this number should include new construction, full time permanent, and part time permanent jobs.

**New Construction Jobs:** Construction-related jobs created as a result of the Tax Credits.

**Full-Time Permanent Jobs:** Full-time permanent jobs created as a result of the Tax Credits, which should not include full-time equivalent jobs made up of several part-time jobs.

**Part-Time Permanent Jobs:** Part-time permanent jobs created as a result of the Tax Credits.

### **9. TOTAL NUMBER OF REQUESTED TAX CREDITS:**

**Eligible Donation:** List the Fair Market Value of the Eligible Donation at the time the Donation was made.

**Tax Credits Requested:** 50% of the Eligible Donation.

### **10. PARTICIPATING IN THE E-VERIFY PROGRAM?**

Please indicate yes or no. Participation in the E-Verify Program is a prerequisite of receiving ASTCP tax credits.

### **11. ADDITIONAL DOCUMENTS REQUIRED:**

**Back-up documentation:** The Applicant must provide documents demonstrating that a transfer of property occurred in order to make an Eligible Donation, and the Applicant must provide proof of the value of the Eligible Donation when applicable (see Eligible Donation in the Definitions Section).

**A copy of the Memorandum of Understanding for the E-Verify Program:** The Memorandum of Understanding must be properly executed by the Applicant.

**The Application Fee:** Provide a check payable to the State of Missouri in an amount equal to the value of the Tax Credits for which this Application is made.

**Proof of Applicant Eligibility:** Please provide back-up establishing that the Applicant is either a Certified Sponsor or a Local Organizing Committee.

### **12. OTHER INCENTIVES USED:**

**Are there other State of Missouri tax credits being applied toward this project?** Select the appropriate box. If "Yes," please indicate which programs are applicable. If no other programs are being applied to the project, check "No."

### **13. ASTCP – APPLICANT CERTIFICATION:**

Must be signed and notarized.