



## *MISSOURI QUALITY JOBS PROGRAM*

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### ATTACHMENTS

- 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 – If the company’s health plan 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 Application to Retain 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.

**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.

### **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

[www.ded.mo.gov](http://www.ded.mo.gov)

E-mail: [dedfin@ded.mo.gov](mailto:dedfin@ded.mo.gov)



**MISSOURI QUALITY JOBS PROGRAM  
ANNUAL REPORT / APPLICATION FOR TAX BENEFITS**

Section 620.1875 – 620.1890, RSMo

Name of Qualified Company or Parent Company			Federal Tax ID No. (FEIN)
Project Facility Address			MITS/Missouri ID No.
City	County	<b>Missouri</b>	Zip Code + 4

**Facility Information**

Will this be the company's permanent facility? (IF NO, please provide further explanation on separate sheet)	Yes	No
Will more than one facility be considered the 'project facility' for program purposes? (IF YES, please provide addresses for other facilities BELOW – Must meet certain criteria to qualify)	Yes	No
Does more than one company work from this project facility and are they to be considered part of the project?	Yes	No
If YES, are the companies wholly-owned subsidiaries? (Attach a copy of the organization chart illustrating the company ownership structure)	Yes	No
Has any information regarding additional qualified companies, project facilities or related facilities changed since the Notice of Intent was submitted and approved? If YES, additional information will be required.	Yes	No

Name of Additional Qualified Company		Federal Tax ID No. (FEIN)	
Project Facility Address		Missouri Tax ID No. (MITS)	
City	County	<b>MISSOURI</b>	Zip Code + 4

Name of Additional Qualified Company		Federal Tax ID No. (FEIN)	
Project Facility Address		Missouri Tax ID No. (MITS)	
City	County	<b>MISSOURI</b>	Zip Code + 4

**Contact Information**

Business Contact Person		Title	
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	
Preparer Contact Person		Title	Company
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	

**Additional Facility Addresses (attach additional sheet for additional facilities in Missouri, if needed)**

Headquarters Address (if different than <i>Project Facility</i> )	City	Zip Code
1. Other Missouri Facility Address	City	Zip Code





## 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 and the information provided in this certification from any source;
- Neither the Company nor, for a privately-held company, any individual identified in the attached:
  - Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;
  - Is delinquent with respect to any non-protested federal, state or local taxes or fees;
  - Has filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED;
  - Has failed to fulfill any obligation under any other state or federal program.
- There are no pending or threatened liens, judgments, or material litigation against the Company or any individual identified on the attached 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 Company does NOT knowingly employ any person who is an unauthorized alien and that the Company 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 Company 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 Company will maintain and, upon request, provide DED documentation demonstrating Company's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify Company for this program. I understand that if the Company is found to have employed an unauthorized alien, applicant may be subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- I understand that, pursuant to section 285.530.5 RSMo., a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 585.550 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 will inform DED if, at any time before project completion, there is any change to any of the certifications made herein.
- I attest that I have read and understand the Missouri Quality Jobs Program guidelines.
- I hereby agree to allow FGF "Fgrctvo gpv'qh'Tgxgpwg."qt"glkj gt"qh'y gk"fgukl pcv'gf "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, information contained herein and in any attachments hereto are complete, true, and correct to the best of my knowledge.

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

Applicant Signature	Title
Print Name	Date

Notary Public Embosser Seal	Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	State of	County (or City of St. Louis)	
	Notary Public Name	My Commission Expires	Use Rubber Stamp in Area Below
	Notary Public Signature		



**MISSOURI QUALITY JOBS PROGRAM  
LOCAL GOVERNMENT ENDORSEMENT FORM (Section 620.1881(3), RSMo)**

- The local government (city or county if the project is not within a city) may abate taxes on increased assessed valuation on properties used for projects that involve the Missouri Quality Jobs Act.
- The local government is not obligated in any way to supervise, fund, or provide reimbursement for failed projects.
- The highest-ranking local government official (Mayor or Presiding Commissioner) must endorse the business project on behalf of the city / county.

BUSINESS NAME (QUALIFIED COMPANY) and BUSINESS FACILITY LOCATION (physical address)

NOT-FOR-PROFIT CORPORATION

MAYOR OR PRESIDING COMMISSIONER (Typed or Printed)	CITY / COUNTY
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**SUMMARY OF LOCAL INCENTIVES**

**Real property**

Net New Local Revenue Generated by Project		Local Incentives Provided to Qualified Company	
Amount for tax year reported	Estimated amount for project	Amount for tax year reported	Estimated amount for project

Schedule for local incentives for real property \_\_\_\_\_ % for \_\_\_\_\_ years

**Personal property**

Net New Local Revenue Generated by Project		Local Incentives Provided to Qualified Company	
Amount for tax year reported	Estimated amount for project	Amount for tax year reported	Estimated amount for project

Schedule for local incentives for personal property \_\_\_\_\_ % for \_\_\_\_\_ years

**Other local incentives**

Describe incentive, including dollar value to company

**CERTIFICATION**

Acting on behalf of the city or county government named above, I hereby certify the above named business project pursuant to Section 620.1881(3), RSMo, is being provided with local incentives as defined by 620.1878, RSMo. The project does not conflict with local planning or zoning restrictions, will not adversely impact local businesses, and will be a benefit to the city or county. The city or county takes no financial or legal obligation in this endorsement.

NAME (Printed)	TITLE
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NAME (Signature)	DATE
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Notary Public Embosser Seal	State of _____	County (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, This _____ day of _____ in the year _____	
	Notary Public Name	Use Rubber Stamp in Area Below
	Notary Public Signature	