

# MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT  
**MISSOURI QUALITY JOBS PROGRAM**

**ANNUAL REPORT/APPLICATION FOR CLAIMING TAX BENEFITS**

**SECTION A COMPANY INFORMATION (ALL COMPANIES COMPLETE SECTION)**

NAME OF QUALIFIED COMPANY		FEDERAL ID NUMBER (FEIN)	
PROJECT FACILITY ADDRESS		MISSOURI TAX ID NUMBER (MITS)	
CITY	COUNTY	STATE Missouri	ZIP CODE

**CONTACT INFORMATION**

BUSINESS CONTACT PERSON		TITLE	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL	
PREPARER CONTACT PERSON		TITLE	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL	

**OTHER FACILITY ADDRESS(ES) - IF NEEDED, AN ADDITIONAL SHEET MAY BE ATTACHED.**

HEADQUARTERS ADDRESS (IF DIFFERENT THAN PROJECT FACILITY)	CITY	STATE	ZIP CODE
1. OTHER FACILITY ADDRESS	CITY	STATE	ZIP CODE
2. OTHER FACILITY ADDRESS	CITY	STATE	ZIP CODE

**TYPE OF BUSINESS**

C-Corporation  
  S-Corporation  
  Limited Liability Company  
  Sole Proprietor  
  Partnership  
  Other \_\_\_\_\_

If the taxpayer is a Partnership, S-Corporation, or other entity with a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each beneficiary, partner or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.

NAME(S)	SOCIAL SECURITY NUMBER	% OWNERSHIP YEAR END

IS THIS FIRM OWNED 51% OR MORE BY WOMEN?  
 YES    NO

LIST ALL OTHER FEDERAL AND STATE PROGRAMS FOR WHICH THIS FACILITY IS APPLYING OR CURRENTLY UTILIZING

PROJECT FACILITY'S NAICS CODE (NAICS CODES ARE ASSIGNED BY THE MISSOURI DIVISION OF EMPLOYMENT SECURITY AND WILL BE USED FOR VERIFICATION.)

ARE EMPLOYEES IN THE NEW JOBS FOR WHICH BENEFITS ARE CLAIMED WORKING AN AVERAGE OF AT LEAST 35 HOURS A WEEK?  
 YES    NO

HAS THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES BEEN REDUCED AT ANY OTHER FACILITIES OR RELATED COMPANIES?  
 YES    NO

IS THE COMPANY A UTILITY REGULATED BY THE MISSOURI PUBLIC SERVICE COMMISSION?  
 YES    NO

IS THE COMPANY DELINQUENT IN THE PAYMENT OF ANY NON-PROTESTED TAXES IN ANY OTHER AMOUNTS DUE TO THE STATE OR FEDERAL GOVERNMENT OR ANY OTHER POLITICAL SUBDIVISION OF THIS STATE?  
 YES    NO



**SECTION D - TAX CREDIT INFORMATION (ONLY COMPANIES ELIGIBLE FOR TAX CREDIT BENEFITS COMPLETE)**

FOR CALENDAR YEAR	OR TAX YEAR	
	beginning	ending

**FOR DED USE ONLY**

	<b>New Payroll</b>	\$
	Times verified benefit percentage	x
	Equals Total Benefit	
	Minus withholdings retained during tax year	-
	Equals Total Tax Credit	
	Amount reserved for company for year	
	Times 2.5% Issuance fee	x 2.5%
	Equals Issuance Fee	

**SECTION E - CERTIFICATION (ALL COMPANIES COMPLETE SECTION)**

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT employ illegal aliens and has complied with federal law (8U.S.C.§1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that 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 hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for administration of the program.
- I certify under penalties of perjury that the above statement, information contained in the application and attachments are complete, true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE	TITLE
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PRINT NAME	DATE
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**Mail all claims for tax benefits and all related inquires to:**  
 Finance Team  
 Missouri Department of Economic Development  
 301 West High Street, Room 770  
 PO Box 118  
 Jefferson City, MO 65102  
 573-751-4539

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.

**CURRENT EMPLOYMENT INFORMATION (AS OF THE END OF THE TAX YEAR)**

This listing should include all employees located at the project facility and may be submitted in an Excel spreadsheet. Send electronically to dedfin@ded.mo.gov, noting that the list is intended for use with the Quality Jobs program. Attach a copy of this Annual Report/Application for Claiming Tax Benefits.

NAME (LAST, FIRST)	LAST 4 DIGITS OF SSN	DATE HIRED	POSITION	CURRENT SALARY	AVERAGE HOURS WORKED ANNUALLY

**CURRENT EMPLOYMENT NUMBER**

TAXPAYER'S OR DESIGNEE'S SIGNATURE	TITLE	DATE
PREPARER'S SIGNATURE	TITLE	DATE

# MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

## 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

BUSINESS FACILITY LOCATION (PHYSICAL ADDRESS)

NOT-FOR-PROFIT CORPORATION

CITY/COUNTY

MAYOR OR PRESIDING COMMISSIONER (TYPED OR PRINTED)

#### 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 in the amount of \_\_\_\_\_% of the new direct local revenue as defined by 620.1878, RSMo, for a period of \_\_\_\_\_ years. 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

NAME (SIGNATURE)

DATE

NOTARY PUBLIC EMBOSSEMENT OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)