



# MISSOURI WORKS PROGRAM

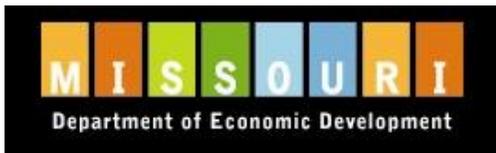
## Notice of Intent (NOI) New Jobs Programs

PROJECT CATEGORY (Net new jobs must be created within 2 years of receipt of NOI)						
√ One	Program Category	Minimum New Jobs	Minimum New Private Capital Investment	Minimum Average Wage for New Jobs	Health Insurance Offered and Paid at Least 50%	Program Benefits  *Discretionary incentives may be available if certain criteria are met.
	<b>Zone Works</b> (Must be located in an Enhanced Enterprise Zone.)	2	\$100,000	80% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).
	<b>Rural Works</b> (All counties except Boone, Buchanan, Clay, Greene, Jackson, St. Charles, St. Louis County and City)	2	\$100,000	90% of County Average Wage	Yes	Same as Zone Works (above).
	<b>Statewide Works</b>	10	N/A	90% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*
	<b>Mega Works 120 (all areas)</b>	100	N/A	120% of County Average Wage	Yes	6% of new payroll for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*
	<b>Mega Works 140 (all areas)</b>	100	N/A	140% of County Average Wage	Yes	7% of new payroll for 5 years or 6 years for existing MO companies (existing=in operation for a minimum of 10 years).*

**Mail this Form to:**

Missouri Department of Economic Development, Business and Community Services  
 PO Box 118, 301 W. High Street, Room 770, Jefferson City, MO 65102-0118  
 Phone: 573-751-4539 Fax: 573-522-4322

Website: [www.ded.mo.gov/moworks](http://www.ded.mo.gov/moworks) E-mail: [dedfin@ded.mo.gov](mailto:dedfin@ded.mo.gov)



## MISSOURI WORKS PROGRAM - NOTICE OF INTENT (NOI)

TAX PERIOD OF COMPANY									
What is the tax period of the qualified company? (Enter dates in both.)					Beginning		Ending		
Qualified Company or Parent Company					Federal Tax ID No. (FEIN)		MITS/Missouri ID No.		
Address of Project / Primary Facility				Number of Current Full Time Employees at this facility		Tax Yr for Program Benefits to begin			
City			County		Missouri		Zip Code +4		
ADDITIONAL Qualified Company(ies) TO BE INCLUDED AS PART OF THE PROJECT (Attach additional sheet if needed.)									
Company Name		Address			City	County	FEIN		Current # of FT employees
CONTACT INFORMATION (Please provide two (2) people that DED may contact directly regarding this program.)									
Contact Person				Title					
Address				City		State		Zip Code	
Telephone Number			Fax Number		E-mail				
Contact Person				Title					
Address				City		State		Zip Code	
Telephone Number			Fax Number		E-mail				
COMPANY PROJECT INFORMATION									
Was the Company offered a Proposal by DED for this project?								YES	NO
IF YES:	Date of the Proposal		Name of Company or Project Name on Proposal						
Has the company performed significant, project-specific site work at the project facility?								YES	NO
Has the company purchased any machinery or equipment related to the project?								YES	NO
Has the company publicly announced its intention to make new capital investment at the project facility?								YES	NO
Is the Project facility the company's permanent facility? If no, explain on additional sheet of paper.								YES	NO
Does more than one company work from the project facility?								YES	NO
If yes; is the other company considered part of the project? Complete section above "Additional Companies to be included..."								YES	NO
If yes; are the Companies wholly-owned subsidiaries?								YES	NO
Does the company participate in an employee stock ownership plan?								YES	NO
Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due to the state or federal government or any other political subdivision?								YES	NO
Has the company filed for or publicly announced its intention to file for bankruptcy protection?								YES	NO
Is this relocation?		YES	NO	If yes:	From where: (city, county)		To where: (city, county)		May require a Letter of Release from County

HEALTH BENEFITS									
Does the company offer health benefits to all full-time employees at all facilities in MO and pay at least 50% of the premium?								YES	NO
Name of the Health Insurance Company									
When are new hires eligible for health benefits?		Salary:	days	Hourly:	days	Percentage that is employer paid		%	
TYPE OF BUSINESS									
Fiduciary	C Corp	S Corp	LLC	Sole Proprietor	Partnership	Non-Profit	Other_____		
Aggregate proportionate shares or percent of total ownership for <b>ALL TYPES OF BUSINESSES</b> must total 100%									
Name(First, MI, Last) or Company / Trust			% Ownership	Name(First, MI, Last) or Company / Trust			% Ownership		
			%				%		
			%				%		
			%				%		
Is this company owned 51% or more by women?			YES	NO	Is the company publicly traded?		YES	NO	Symbol
Facility's NAICS Code:			NAICS codes are assigned by the Missouri Division of Employment Security						
FACILITY PROJECT INFORMATION (Choose one.)									
<input type="checkbox"/> Start-up	<input type="checkbox"/> New to Missouri	<input type="checkbox"/> New additional facility in Missouri		<input type="checkbox"/> Expansion of existing facility		<input type="checkbox"/> Replacement of existing facility			
Describe the business activities conducted at the facility (Be Specific):									
List all other federal and state programs for which this facility is applying or is currently utilizing.									
List any other state programs the company is utilizing involving the retention of withholding tax? (e.g. TIF, MO Works Training Program, MODESA or MORESA)									
Total number of employees at ALL facilities in Missouri		Total Number of facilities located in MO		Date qualified company will meet threshold (mm/dd/yy)					
<b>For the jobs and investment table below, Year 1 is the year in which the new jobs and investment thresholds are met. (Must be within 2 years of the approval of the NOI.) – Add Additional Pages where applicable</b>									
<b>If Proposed as a PHASED PROJECT (shows multiple NOI's on the Benefit Chart within in the Proposal) Please identify which NOI number this Notice of Intent is referencing. Check appropriate box.</b>									
Total New Capital Investment (Projected in first 2 years)		\$	<input type="checkbox"/> NOI #1	<input type="checkbox"/> NOI #2	<input type="checkbox"/> NOI #3	<input type="checkbox"/> NOI #4	<input type="checkbox"/> NOI #5		
Job Title	# of New Jobs	Wage of New Job			# of New Jobs	*Average Wage of New Jobs			
			Year 1			\$			
			Year 2			\$			
			Year 3			\$			
			Year 4			\$			
			Year 5			\$			
			Year 6**			\$			
*Actual program benefits will be based upon the W-2 Box 16 Wages of "New Payroll".									
** Year 6 is for companies defined as: 'a qualified company that, for the ten-year period preceding submission of a notice of intent to the department, had a physical location in Missouri and full-time employees who routinely performed job duties within Missouri.'									
RELATED FACILITY ADDRESS(ES) IN Missouri <b>NOT</b> PART OF THE PROJECT FACILITY (Attach add'l sheet if needed.)									
Facility Address		City		County & Zip Code		FEIN		# Current FT employees	
Are any facilities owned or operated by the qualified company in the state of Missouri NOT included in the Project Location reliant upon the Project facilities for products and / or services?								YES	NO
Are operations of the facilities substantially similar to the operations of the project facility?								YES	NO

## 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 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 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.
- The Company 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 Company will notify DED immediately. In addition, the Company will stop retaining the state withholding tax in conjunction with the benefits of this program and will remit the state withholding tax to the Missouri Department of Revenue.
- 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 an executive level representative of the Company and 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	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 company and acknowledged to me that he or she executed the same for the purposes therein stated.

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

If more than one representative signs, use a copy of this page for each signatory

## REQUIRED ATTACHMENTS

CHECK BOX	ATTACHMENT
	<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>E-Verify Memorandum of Understanding (MOU)</b> - A copy of the executed MOU between the company/ organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and the Social Security Administration. <b>Must be electronically signed by Company &amp; DHS-USCIS.</b>
	<b>Health Insurance</b> – Copy of employer paid health insurance benefits (can be brochure given to new hires); include eligibility start date for new hires and % of premium paid by employer.
	<b>Tax Clearance</b> - Company needs to submit MO-943 to the Department of Revenue.
	<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.

**Please Note:** When the Notice of Intent is received, DED will send the Current Employment Information worksheet, specifying the dates for the required information. The information on this worksheet is used to calculate the project facility base employment and base payroll, plus the related facility base employment and base payroll if applicable. Timely response is required of the Company. Data should be submitted in Excel format.

**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.**

### **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.**