

**NEW/EXPANDED BUSINESS FACILITY - HEADQUARTERS:
APPLICATION FOR SUBSEQUENTLY CLAIMING TAX BENEFITS**

Read instructions carefully before completing form.
Schedules S and M must accompany this application which must be filed each year following year one.

CALENDAR YEAR		OR TAX YEAR BEGINNING		ENDING		
PLEASE TYPE OR PRINT	NAME OF FACILITY				FACILITY FEDERAL ID NO.	
	ADDRESS OF FACILITY (WHERE DEVELOPMENT OCCURRED)				TAXPAYER FEDERAL ID NO.	
	CITY		COUNTY		ZIP CODE	
		MISSOURI				
1. Is this address within a designated enterprise zone? <input type="checkbox"/> YES <input type="checkbox"/> NO 1a. List all other federal and state programs for which this facility is applying, or is currently utilizing:						
2. Name and mailing address if different than above:						
NAME						
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)						
2a. Name and address of business headquarters, if different from above:						
3. Name, address and telephone of contact person completing application:						
NAME		Email Address		TELEPHONE NUMBER ()		
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)						
STATUS-ACTIVITY	4. Business entity for tax purposes:					
	4a. <input type="checkbox"/> Corporation		4b. <input type="checkbox"/> Fiduciary		4c. <input type="checkbox"/> Individual Proprietorship	
	4d. <input type="checkbox"/> Partnership		4e. <input type="checkbox"/> S-Corp.		4f. <input type="checkbox"/> Limited Liability Corp.	
	4g. <input type="checkbox"/> Limited Liability Partnership		4h. <input type="checkbox"/> Other (Specify)			
	NOTE: IF THE TAXPAYER IS A FIDUCIARY, PARTNERSHIP, S-CORPORATION, ETC., IDENTIFY THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH BENEFICIARY, PARTNER OR SHAREHOLDER ON THE LAST DAY OF THE TAX PERIOD. AGGREGATE PROPORTIONATE SHARES OR PERCENTAGE OF TOTAL OWNERSHIP MAY NOT EXCEED 100%. ATTACH A SEPARATE SHEET IF NECESSARY.					
	NAME(S)		SOCIAL SECURITY NO.(S)		%OWNERSHIP YEAR END	
					%	
					%	
					%	
					%	
4i. Taxpayer's total annual Missouri sales revenues or receipts:						
<input type="checkbox"/> \$0 - \$250,000		<input type="checkbox"/> \$250,000 - \$500,000		<input type="checkbox"/> \$500,000 - \$1M		
<input type="checkbox"/> \$1M - \$5M		<input type="checkbox"/> \$5M - \$10M		<input type="checkbox"/> \$10M and over		
4j. Taxpayer's total Missouri employment - (total number of employees):						
5. Describe the business activity (ies) conducted at this facility. Be specific.						
5a. Enter the facility's 5-digit NAICS number if known:						

CERTIFIED AND CLAIMED BENEFITS	6. Tax years for which this facility's tax benefit has been certified if known.		Total Amount of Credits	
			Certified by State	Claimed on MO Return
	6a.	1 st year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6b.	2 nd year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6c.	3 rd year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6d.	4 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6e.	5 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6f.	6 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6g.	7 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
	6h.	8 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____
6i.	9 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
6j.	10 th year: Beginning: _____ Ending: _____	\$ _____	\$ _____	
LEASE	7. If this new or expanded facility was leased from another person(s), enter the net MONTHLY rental/lease cost. INCLUDE ANY LEASED LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND ANY OTHER TANGIBLE PERSONAL DEPRECIABLE PROPERTY IN USE EXCEPT INVENTORIES.			
MULTIPLE BUSINESSES	8. Did the taxpayer requesting tax benefits have interest(s) in any other BUSINESS (ES) in MISSOURI that FILE A SINGLE MISSOURI TAX RETURN WITH THIS FACILITY for this tax period? Answer YES only if a single Missouri return is filed for these businesses. <input type="checkbox"/> YES <input type="checkbox"/> NO			
	8a. List names and REIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY.			
MULTIPLE FACILITIES	9. Did the taxpayer of this new or expanded facility operate any other FACILITY (IES) in MISSOURI besides this new or expanded facility during this tax period? <input type="checkbox"/> YES <input type="checkbox"/> NO Answer YES only if a single Missouri return is filed for these facilities.			
	9a. List names and addresses of all Missouri facilities FILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY.			



MISSOURI SCHEDULE
S

NEW/EXPANDED BUSINESS FACILITY: EMPLOYEES AND INVESTMENT

A LIST OF ALL EMPLOYEES FOR THE TAX YEAR IS REQUIRED WITH HIRE AND TERMINATION DATES (IF APPLICABLE) TO BE SUBMITTED.

FOR CALENDAR YEAR	OR TAX YEAR BEGINNING	ENDING
NAME OF FACILITY		FACILITY FEDERAL ID NO.
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE. ATTACH A COMPLETE LIST OF EMPLOYEES, INCLUDING NAME, HIRE DATE, TERMINATION DATE (IF APPLICABLE), AND AVERAGE WEEKLY HOURS. ELECTRONIC COPIES OF EMPLOYEE LISTS ARE REQUESTED.		TAXPAYER FEDERAL ID NO.
COMPUTING "NEW BUSINESS FACILITY EMPLOYEES" AND "NEW BUSINESS FACILITY INVESTMENT"		FACILITY MISSOURI TAX ID NO. (MITS)

COLUMN LINE	MONTHS	NEW BUSINESS FACILITY EMPLOYEES (FULL-TIME OR 20 HRS. OR 80% SEASON, LAST WORK DAY EACH MONTH)		NEW BUSINESS FACILITY INVESTMENT (ORIGINAL COST/8 TIMES ANNUAL RENT, LAST WORK DAY EACH MONTH)		
	(X)	(A) YEAR FILING	(B) BASE YEAR	(C) YEAR FILING	(D) BASE YEAR	
		TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	TAX YEAR ENDING	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13	TOTAL					13
14	AVERAGE					14
15						15
16					\$	16
17		TRANSFERRED EMPLOYEES	()			17
18				TRANSFERRED INVESTMENT	(\$)	18
19		NEW BUSINESS FACILITY EMPLOYEES				19
20				NEW BUSINESS FACILITY INVESTMENT	\$	20

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE	DATE	PREPARER'S SIGNATURE	DATE
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THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO:
FINANCE MANAGEMENT
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
PO BOX 118
JEFFERSON CITY, MO 65102



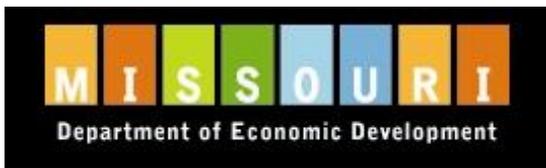
**NEW/EXPANDED BUSINESS FACILITY HEADQUARTERS:
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN C: TAX YEAR FILING**

Read instructions carefully before completing form. **THIS FORM IS REQUIRED.**

FOR CALENDAR YEAR OR TAX YEAR BEGINNING ENDING

THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this Schedule via email in an excel document.

(E) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(F) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE THE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT; NO INVENTORY) DO NOT INCLUDE CONSTRUCTION IN PROGRESS.	(G) MONTHLY LEASE (IF APPLICABLE)	(H) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
TOTAL INVESTMENT			\$



**NEW/EXPANDED BUSINESS FACILITY HEADQUARTERS:
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN D: BASE TAX YEAR**

Read instructions carefully before completing form.

FOR CALENDAR YEAR		OR TAX YEAR BEGINNING	ENDING
<p>THIS SCHEDULE IS REQUIRED TO VERIFY SCHEDULE S. Please provide supporting documents to this Schedule via email in an excel document.</p>			
(I) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(J) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, NOT INVENTORY).	(K) MONTHLY LEASE (IF APPLICABLE)	(L) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
			<p style="text-align: center;">TOTAL INVESTMENT</p>
			\$



MISSOURI SCHEDULE
M

**NEW/EXPANDED BUSINESS FACILITY HEADQUARTERS:
APPORTIONMENT OF MISSOURI TAXABLE BUSINESS INCOME**

Read instructions carefully before completing form.

FOR CALENDAR YEAR	OR TAX YEAR BEGINNING	ENDING
NAME OF FACILITY		FACILITY FEDERAL ID NO. AND
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE.		TAXPAYER FEDERAL ID NO. AND
ALL TAXPAYERS MUST COMPLETE ITEMS 2-4.		FACILITY MISSOURI TAX ID NO. (MITS)

IF A MISSOURI CONSOLIDATED RETURN IS FILED, ITEMS 1, 2 AND 4 MUST INCLUDE THE CONSOLIDATED AMOUNTS.

1	<p>If known, enter that portion of the taxpayer's TOTAL MISSOURI taxable income (or loss), Missouri sources attributed to THIS Missouri BUSINESS DURING THIS TOTAL TAX PERIOD. INCLUDE CONSOLIDATED INCOMES.</p> <p>DO NOT ESTIMATE: ENTER "UNKNOWN"</p>	<p>143</p> <p>\$</p> <hr/> <p>148</p> <p>\$</p>
2	Enter the amount of compensation paid to all persons employed by this BUSINESS in Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED FACILITIES.	\$
3	Enter the amount of compensation paid DURING THIS TAX PERIOD to ALL PERSONS employed at THIS FACILITY ONLY.	\$
4	Enter the AVERAGE VALUE of ALL REAL and DEPRECIABLE TANGIBLE PERSONAL PROPERTY, including 8 times net ANNUAL rental rates , USED by this BUSINESS IN Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED PROPERTY VALUES. DO NOT INCLUDE INVENTORIES AND CONSTRUCTION IN PROGRESS.	\$

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

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

THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.

MAIL TO:
FINANCE MANAGEMENT
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
PO BOX 118
JEFFERSON CITY, MO 65102

