



MISSOURI QUALITY JOBS **PROGRAM**

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.
- Department of Revenue (DOR) Tax Clearance Certificate - To obtain DOR tax clearance, submit Form 943 "Request for Tax Clearance" to DOR. Form 943 can be found on DOR's website at www.dor.mo.gov.

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.missouridevelopment.org
E-mail: dedfin@ded.mo.gov



**MISSOURI QUALITY JOBS PROGRAM
APPLICATION TO RETAIN WITHHOLDING TAXES**

Section 620.1875 – 620.1890, RSMo

Name of Qualified Company						Federal ID No. (FEIN)	
Project Facility Address						Missouri Tax ID No.(MITS)	
City		County		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		
Type of Business							
<input type="checkbox"/> C Corp		<input type="checkbox"/> S Corp		<input type="checkbox"/> Non-Profit Corp		<input type="checkbox"/> LLC	
<input type="checkbox"/> Fiduciary		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Other: _____	
If the taxpayer is a Partnership, S Corporation, or other entity, which has 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(s)			% Ownership at Year End	
						%	
						%	
						%	
						%	
Is the firm owned 51% or more by women?						Yes	No
List all other federal and state programs for which this facility is applying or is currently utilizing:							
Date of DED's Approval of the Notice of Intent:							
Date first new job was added:							
Job Threshold (circle one):		10 20 40 100					
Date Job Threshold was reached:							
Current Full-time, Year-round Employees at the Project Facility:							
Less Project Facility Base Employment per DED's Approval of the Notice of Intent :						-	
Add back any decrease in Full-time Employees at Related Facilities below the Related Facility Base Employment:						+	
Equals New Jobs							
Total Payroll of Current Full-time Employees at the Project Facility:						\$	
Less Payroll of Project Facility Base Employment (withholding tax must be remitted on this payroll):						-	
Add back any decrease in Full-time Payroll at Related Facilities below the Related Facility Base Payroll:						+	
Equals New Payroll							
Divided by number of New Jobs							
Equals Average Wage of New Payroll							
						\$	

Did the company add the 1 st new job within 12 months of the approval of the Notice of Intent?	Yes	No
Did the company meet the new job threshold within 2 years of the approval of the Notice of Intent (for small/expanding or technology projects) or within 2 years of hiring the first new job (for high impact projects)?	Yes	No
Does the company participate in an employee stock ownership plan?	Yes	No
Is the facility located in a disaster area (declared by the federal government) If yes, where? _____	Yes	No
Are full-time employees scheduled to work at least 35 hours a week working in the new jobs?	Yes	No
Was there a decrease in the number of full-time employees at any other related facilities or companies?	Yes	No
Is the company utilizing other state programs involving the retention of withholding tax? (TIF, New Jobs Training Program, MODESA or MORESA) If yes, which program and project? _____	Yes	No
Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due the state or federal government or any other political subdivision of this state?	Yes	No
Has the applicant filed for or publicly announced its intention to file for bankruptcy protection?	Yes	No
Does the company offer health insurance to all full-time employees at all facilities in Missouri?	Yes	No
Does the company pay at least 50% of the cost of such insurance premiums for all full-time employees at all facilities in Missouri?	Yes	No

Mail all claims for tax benefits and all related inquiries to: Business and Community Finance Missouri Department of Economic Development 301 W. High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102	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.
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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 representatives of the DED 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
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Print Name	Date
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Notary Public Embosser Seal	On this _____ day of _____, 20____, appeared _____ 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		

