



# **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.
- **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](http://www.dor.mo.gov).
- **Company Health Plan** - Attach a copy of the company's health benefit plan including documentation that the company pays at least 50% of the premiums.

**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](http://www.missouridevelopment.org)  
E-mail: [dedfin@ded.mo.gov](mailto:dedfin@ded.mo.gov)



**MISSOURI QUALITY JOBS PROGRAM – NOTICE OF INTENT**

Section 620.1875 – 620.1890, RSMO

Name of Qualified Company or Parent Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No.(MITS)	
City	County	MISSOURI	Zip Code	
Will this be the company’s permanent facility? If no, please provide further explanation on an additional sheet.			Yes	No
Will more than one facility be considered the “project facility” for program purposes? (Must meet certain criteria to qualify.) If yes, provide addresses for other facilities.			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
Name of Additional Qualified Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code	
Name of Additional Qualified Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code	
Name of Additional Qualified Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code	
Name of Additional Qualified Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code	
<b>Contact Information</b>				
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	
<b>Other Facility and Related Company Address(es) (attach additional sheet if needed)</b>				
Headquarters Address (if different than <i>Project Facility</i> )		City	State	Zip Code
1. Other Missouri Facility Address		City	State	Zip Code
2. Other Missouri Facility Address		City	State	Zip Code

Type of Business					
C Corp	S Corp	Non-Profit Corp	LLC	LLP	
Fiduciary	Sole Proprietor	Partnership	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 Numbers	% Ownership at Year End		
			%		
			%		
Is the firm owned 51% or more by women?				Yes	No
Missouri Total Employment					
Total Number of Employees at ALL Facilities in Missouri _____					
List all other federal and state programs for which this facility is applying or is currently utilizing:					
Company Description					
Project Facility's NAICS Code: _____ NAICS codes are assigned by the Missouri Division of Employment Security and will be used for verification of eligibility. See the Guidelines for more information.					
Describe the business activities to be conducted at this facility (Be specific):					
Facility Description – Check all that apply					
<input type="checkbox"/>	Start-Up Company				
<input type="checkbox"/>	New Facility				
<input type="checkbox"/>	Replacement Facility (a new facility which replaces an old facility)				
<input type="checkbox"/>	Expansion Facility				
<input type="checkbox"/>	Moving from _____ County to _____		County		
Project Description:					
	New Capital Investment (cumulative over 5 years)	New Jobs (cumulative over 5 years beginning in the year the new job threshold is met)	Average Wage		
Year 1	\$ _____		\$ _____		
Year 2	\$ _____		\$ _____		
Year 3	\$ _____		\$ _____		
Year 4	\$ _____		\$ _____		
Year 5	\$ _____		\$ _____		
Will the company add the 1 <sup>st</sup> new job within 12 months of the approval of this Notice of Intent?			Yes	No	
Will full-time employees scheduled to work at least 35 hours a week fill the new jobs?			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	
Will there be a decrease in the number of full-time employees at any of the other related facilities or related companies?			Yes	No	
Date company expects to meet the new job requirement threshold					

Is the company utilizing other state programs involving the retention of withholding tax? (TIF, New Jobs Training, 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
Do the health benefits begin immediately upon hiring? If not, explain_____	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
Is the company's tax year January – December? If no, indicate the tax year: (Month)_____ to (Month)_____	Yes	No

**Select the project type:**

<b>Small/Expanding</b>		
	Rural Area – 20 or more new jobs within two years of DED approval of this Notice of Intent.	
	Non-Rural Area – 40 or more new jobs within two years of DED approval of this Notice of Intent.	
	<b>Technology Business</b> – 10 or more new jobs within two years of DED approval of this Notice of Intent.	
	<b>High Impact</b> – 100 or more new jobs within two years of hiring the first new job.	
	For High Impact Projects	
	Amount of Local Incentives provided to the project over 10 years: (Attach supporting document)	\$
	Amount of New Local Tax Revenue derived from the project over 10 years. (Attach Supporting document)	\$
	Percentage of Local Incentive (= Local Incentives/New Local Tax Revenue)	%

**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.**

**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
Print Name	Date

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		



**Missouri Quality Jobs – Project Facility Base Employment**

Companies should complete this form for each facility and company considered part of the project facility.

**Name of Company**

**Address**

City

County

State

Zip Code

**Full-Time Employees**

<b>Month (Most recent)</b>	<b>Year</b>	<b># of Full-Time Employees</b>	<b>Payroll of Full-Time Employees</b>
<b>Average Full-Time Employees &amp; Payroll</b> (Average of Last 12 Months)			



**Missouri Quality Jobs – Related Facility Base Employment**

Companies should complete this form for each related facility and company located in Missouri, if applicable.

**Name of Company**

Address

City

County

State

Zip Code

**Full-Time Employees**

<b>Month (Most recent)</b>	<b>Year</b>	<b># of Full-Time Employees</b>	<b>Payroll of Full-Time Employees</b>
<b>Average Full-Time Employees &amp; Payroll</b> (Average of Last 12 Months)			



**Current Employment Information**

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](mailto:dedfin@ded.mo.gov), noting that the list is intended for use with the Quality Jobs program. Attach a copy of this listing to the Notice of Intent.

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