



**MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
APPLICATION FOR CLAIMING TAX CREDITS**

BENEFIT NUMBER - OFFICE USE ONLY

This application is to be completed by the taxpayer/donor for which a tax credit will be issued. Instructions for completing this form are on the reverse. Please type or print.

PART I: QUALIFYING PROGRAM

FAMILY DEVELOPMENT ACCOUNT NEIGHBORHOOD ASSISTANCE PROGRAM YOUTH OPPORTUNITIES PROGRAM

PART II: TAXPAYER (DONOR) INFORMATION - See instructions.

TAXPAYER NAME - INDIVIDUAL (INCLUDE SPOUSE INFORMATION IF A JOINT RETURN IS FILED) OR BUSINESS NAME (AS LISTED WITH SECRETARY OF STATE'S OFFICE)

FOR BUSINESSES, LIST A CONTACT PERSON		CONTACT EMAIL ADDRESS	CONTACT TELEPHONE #	
MAILING ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	SPOUSE SOCIAL SECURITY NUMBER	BUSINESS FEDERAL ID NUMBER		MISSOURI TAX ID NUMBER

TAXES PAID BY:
 CALENDAR YEAR OR FISCAL YEAR FROM _____ TO _____

PART III: TAXPAYER ELIGIBILITY - CHOOSE ONLY ONE ELIGIBILITY STATUS

<p>INDIVIDUAL DONOR</p> <input type="checkbox"/> INDIVIDUAL - YOP AND FDA ONLY <input type="checkbox"/> INDIVIDUAL WITH A FARM OPERATION <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM MO RENTAL PROPERTY OR ROYALTIES <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM A SOLE PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM A PARTNERSHIP, S-CORPORATION, OR LIMITED LIABILITY CORP (LLC)	<p>BUSINESS DONOR</p> <input type="checkbox"/> CORPORATION <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> PARTNERSHIP - ATTACH PARTNER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> S-CORPORATION - ATTACH SHAREHOLDER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORP - ATTACH MEMBER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> INSURANCE COMPANY
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PART IV: TYPE OF CONTRIBUTION AND VALUE

TYPE OF CONTRIBUTION	VALUE	DATE OF CONTRIBUTION MONTH/DAY/YEAR
<input type="checkbox"/> CASH; WERE ANY GOODS AND/OR SERVICES RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> STOCKS (VALUED BETWEEN HIGH AND LOW ON THE DATE OF TRANSFER FROM DONOR INTO NONPROFIT'S BROKERAGE ACCOUNT)		
<input type="checkbox"/> IN-KIND (VALUED AS LESSER OF COST TO DONOR OR FAIR MARKET VALUE)		
<input type="checkbox"/> WAGES PAID TO PARTICIPATING YOUTH - YOP ONLY		

PART V: TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN NOTARY'S PRESENCE)

I have examined the above application and confirm, to the best of my knowledge, information, and belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal law (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I 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.

TAXPAYER SIGNATURE

NOTARY PUBLIC EMBOSSER OR BLANK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES:
	NOTARY PUBLIC NAME TYPED OR PRINTED	

USE RUBBER STAMP IN CLEAR AREA BELOW

PART VI: CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

APPROVED ORGANIZATION NAME	PROJECT NUMBER
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I have examined this application and all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.

PROJECT DIRECTOR NAME PRINTED/TYPED	PROJECT DIRECTOR SIGNATURE	DATE
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THIS FORM MUST BE SUBMITTED TO DED WITHIN 12 MONTHS FROM THE DATE OF DONATION TO QUALIFY FOR A TAX CREDIT.