



**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		
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

<b>Type of Business:</b>					
<b>C Corp</b>	<b>S Corp</b>	<b>Non-Profit Corp</b>	<b>LLC</b>	<b>LLP</b>	
<b>Fiduciary</b>	<b>Sole Proprietor</b>	<b>Partnership</b>	<b>Other: _____</b>		
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.					
<b>Name(s)</b>		<b>Social Security Numbers</b>	<b>% Ownership at Year End</b>		
			%		
			%		
Is the firm owned 51% or more by women?				Yes	No
<b>Missouri Total Employment</b>					
Total Number of Employees at <b>ALL</b> Facilities in Missouri					
List all other federal and state programs for which this facility is applying or is currently utilizing:					
<b>Company Description</b>					
Project Facility's <i>NAICS</i> Code: _____ <i>NAICS</i> 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):					
<b>Facility Description – Check all that apply</b>					
<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				
<b>Project Description:</b>					
	<b>New Capital Investment</b> (cumulative over 5 years)	<b>New Jobs</b> (cumulative over 5 years beginning in the year the new job threshold is met)	<b>Average Wage</b>		
<b>Year 1</b>	\$		\$		
<b>Year 2</b>	\$		\$		
<b>Year 3</b>	\$		\$		
<b>Year 4</b>	\$		\$		
<b>Year 5</b>	\$		\$		
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			Yes	No	

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
<b>Attach Department of Revenue (DOR) Tax Clearance.</b> To obtain DOR tax clearance, submit Form 943 "Request for Tax Clearance" to DOR. Form 943 can be found on DOR's website at <a href="http://www.dor.mo.gov">www.dor.mo.gov</a> .		
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
<b>Attach a copy of the company's health benefit plan including documentation that the company pays at least 50% of the premiums.</b>		
<b>Select the project type:</b>		
	<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.	
	<b>For High Impact Projects</b>	
	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)	%

<b>Certification</b>															
<ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> </ul>															
<ul style="list-style-type: none"> <li>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.</li> </ul>															
<ul style="list-style-type: none"> <li>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.</li> </ul>															
<ul style="list-style-type: none"> <li>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 access to documentation demonstrating compliance with this requirement.</li> </ul>															
<ul style="list-style-type: none"> <li>I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.</li> </ul>															
<ul style="list-style-type: none"> <li>I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> </ul>															
<ul style="list-style-type: none"> <li>I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge.</li> </ul>															
Applicant Signature		Title													
Print Name		Date													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 20%; vertical-align: top;">Notary Public Embosser Seal</td> <td colspan="3">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.</td> </tr> <tr> <td style="width: 40%;">State of</td> <td colspan="2">County (or City of St. Louis)</td> </tr> <tr> <td>Notary Public Name</td> <td>My Commission Expires</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Use Rubber Stamp in Area Below</td> </tr> <tr> <td colspan="2">Notary Public Signature</td> </tr> </table>				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	
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														
<b>Mail all claims for tax benefits and all related inquiries to:</b> Finance Team Missouri Department of Economic Development 301 W. High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102		<b>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.</b>													

# Missouri Quality Jobs – Project Facility Base Employment

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

<b>Name of Company</b>			
Address			
City	County	State	Zip Code
<b>Full-Time Employees</b>			
<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.*

<b>Name of Company</b>			
Address			
City	County	State	Zip Code
<b>Full-Time Employees</b>			
<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 (as of the date of this Notice of Intent)**

This listing may be submitted in an Excel spreadsheet. Send electronically to [dedfin@ded.mo.gov](mailto:dedfin@ded.mo.gov) . Attach a copy to this 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