



PLEASE PRINT OR TYPE APPLICATION MUST BE APPROVED PRIOR TO FILING TAX RETURN

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: Taxpayer's Federal Identification No.
Contact Person: Taxpayer's Social Security No.
Address of Taxpayer Street P.O. Box Taxpayer's Missouri Tax I.D. No.
City ZIP Code

SECTION 2 VERIFICATION OF TAXPAYER

I hereby certify, subject to the penalties of perjury, that (1) the above-named Taxpayer has paid to the Missouri Development Finance Board an "assessment" as defined by the BUILD Missouri Act in an amount not less than \$ _____, (2) such assessment was paid with respect to the tax period of the Taxpayer ending _____, and (3) the total amount of such assessment did not exceed 5% of the gross wages paid by the Taxpayer and all Related Taxpayers (as defined in Section 135.100(a) RSMo) for such tax period.

I hereby affix my signature on this day of _____.

Signed: _____
Authorized Representative of Taxpayer

SECTION 3 TO BE COMPLETED BY THE BOARD (Official Use Only)

TO: DIRECTOR OF REVENUE OR DIRECTOR OF INSURANCE, STATE OF MISSOURI
RE: BUILD MISSOURI PROGRAM

The above named taxpayer (the "Taxpayer") has satisfied all applicable requirements prescribed in Sections 100.700 to 100.850 RSMo, and has earned the tax credits authorized in Section 100.850 RSMo in the following amounts.

QUALIFIED ASSESSMENT PAID BY THE TAXPAYER FOR THIS TAX PERIOD \$ _____
TOTAL TAX CREDITS EARNED FOR THIS TAX PERIOD \$ _____

Such tax credits may be used to offset up to 100% of the tax imposed by Chapter 143 or 148 RSMo., except withholding taxes imposed under the provisions of Section 143.191 to 143.265 RSMo, which were incurred during the tax period in which the assessment was made. Section 100.850(5) RSMo authorized the Director of Revenue to issue a refund to the taxpayer to extent that the amount of the tax credits exceed the Taxpayer's income tax.

These tax credits are to be claimed in the Taxpayer's tax period ending _____.

BUILD Tax Credit Number _____.

I hereby affix my signature on this day of _____.

Signed: _____
Missouri Development Finance Board Representative

RETURN COMPLETED FORM AND CONTRIBUTION TO: MISSOURI DEVELOPMENT FINANCE BOARD
P. O. BOX 567 / 200 MADISON ST., STE. 1000
JEFFERSON CITY, MO 65102
(573) 751-8479