

**MISSOURI AGRICULTURAL AND SMALL BUSINESS  
DEVELOPMENT AUTHORITY**

**AGRICULTURAL PRODUCT UTILIZATION CONTRIBUTOR  
TAX CREDIT APPLICATION**

The undersigned Applicant hereby submits this Application and requests the Missouri Agricultural and Small Business Development Authority (the "Authority") accept a Contribution, and, to the extent described herein, apply the proceeds of such Contribution for the purpose of providing financial and technical assistance to value-added agricultural project pursuant to the Authority's Agricultural Product Utilization Contributor Tax Credit Program.

The undersigned has read the Authority's Agricultural Product Utilization Contributor Tax Credit Program Description and Guidelines and submitted the \$100 nonrefundable application fee with this application.

---

Individual Name(s) or Name of Business Making Contribution: (If individuals plan to claim tax credit jointly, list both names.) \_\_\_\_\_

Address (Street, P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: (if in Missouri) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: (\_\_\_\_) \_\_\_\_\_

Individual or Business Tax Year (check one) \_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year

Beginning Date of Tax Year \_\_\_\_\_ Ending Date of Tax Year \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Social Security Number(s) \_\_\_\_\_

Missouri Tax Identification Number \_\_\_\_\_

Taxpayer (check one)\*

\_\_\_\_ Corporation                      \_\_\_\_ Individual                      \_\_\_\_ Trust  
\_\_\_\_ Partnership                      \_\_\_\_ S-Corporation                      \_\_\_\_ Limited Liability Company  
\_\_\_\_ Other Business Entity (Describe) \_\_\_\_\_

\*If taxpayer is a Trust, form of Partnership, Limited Liability Company or S-Corporation, attach separate sheet to this application and identify the names, social security numbers/ federal employer identification numbers, and proportioned share of ownership of each beneficiary, partner, or shareholder. Aggregate proportionate shares or percent of ownership may not exceed 100%.

Total Amount of Proposed Contribution: \$ \_\_\_\_\_

Form of Contribution (check one): \_\_\_\_\_ Cash \_\_\_\_\_ Marketable Securities

Stock symbol (name): \_\_\_\_\_ # of shares (or approximate) \_\_\_\_\_

Amount of Requested Tax Credit: \$ \_\_\_\_\_

Proposed Date of Contribution (must be after the Authority's approval but prior to June 7, 2024.)

Any other requirements for receiving the proposed Contribution: (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF APPLICANT**

**The undersigned hereby represents and certifies that, to the best knowledge and belief of the undersigned, this Application contains no information or data that is false or incorrect.**

Dated this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_