



Qualified Beef Tax Credit Application

Please Type or Print

SECTION 1 QUALIFIED BEEF PRODUCER INFORMATION

Form with fields: QUALIFIED BEEF PRODUCER (QBP) #, BUSINESS FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER, NAME OF QUALIFIED BEEF PRODUCER, CONTACT NAME, 911 ADDRESS, MAILING ADDRESS (IF NOT THE SAME AS 911 ADDRESS), CITY, STATE, ZIP CODE, TELEPHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS

INDIVIDUAL OR BUSINESS TAX YEAR: ___ CALENDAR YEAR ___ FISCAL YEAR (BEGINNING DATE _____ ENDING DATE _____)

SECTION 2 ATTACHMENTS – Required attachments for tax credit eligibility

Copies of all scale tickets and/or sale receipts for my Qualified Beef animals thirty months of age or less sold by sex for which tax credits are requested.

SECTION 3 CERTIFICATION OF QUALIFIED BEEF PRODUCER

Pursuant to the "Guidelines and Procedures" document for the "Qualified Beef Tax Credit Program" issued by the Missouri Agricultural and Small Business Development Authority, the applicant (signing below) hereby certifies, subject to penalties of perjury, the following:

- 1. I have received and read the Program Guidelines and Procedures.
2. I am not (i) a commissioner or employee of the Missouri Agricultural and Small Business Development Authority, (ii) a member of the Missouri General Assembly, (iii) a state-wide elected official, (iv) a director of a state department, or (v) a spouse or dependent child of any of the above [either of] who has a substantial interest in the Qualified Beef Producers entity shown in Section 1. Substantial interest is defined as ownership by the individual, the individual's spouse, or the individual's dependent children, whether singularly or collectively, of ten percent or more of the beef production operation.
3. I, the undersigned, to the best of my knowledge, information and belief declare that the information submitted is true, correct, and complete, and I hereby agree to comply with the requirements of the program as specified above.
4. I certify that all the qualified beef animals shown on the scale and sales tickets were born, raised, backgrounded or finished in the state of Missouri.
5. I certify that all the qualified beef animals shown on the scale and sales tickets are less than thirty (30) months of age.
6. By participating in this tax credit program, did you create any new jobs?
___ NO ___ YES, if yes # of full-time permanent ___ # of part-time permanent ___ # of Construction jobs ___

Form with fields: SIGNATURE OF PRODUCER MEMBER, TITLE, DATE

SECTION 4 Checklist before you mail your application in:

___ \$25.00 application fee enclosed
___ I have enclosed copies of all scale tickets and sale receipts for my Qualified Beef animals sold by sex for which tax credits are requested.

RETURN COMPLETED FORM AND \$25 APPLICATION PROCESSING FEE MADE PAYABLE TO "MASBDA": MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA) P.O. BOX 630, 1616 MISSOURI BLVD JEFFERSON CITY, MO 65102-0630 TELEPHONE: (573) 751-2129

DATE RECEIVED IN OFFICE

Additional Documentation

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

You must provide a copy of your valid Missouri Driver's license with this application. If you do not have one or are an out of state applicant, you must provide one of the documents listed below:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

Additional Instructions:

All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/ Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E- Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting www.dhs.gov/e-verify. E- Verify is a free service provided by the US Department of Homeland Security.

Checklist: Please use this checklist to ensure a complete application.

All Applicants:

- _____ MO Driver's License (or other document listed above)
- _____ Signed Certification or Citizenship/ Employer Status
(Both Section completed and signed)
- _____ Completed program application

Applicants with Employees:

- _____ Affidavit of Authorized Workers
- _____ Executed MOU from E- Verify

Certification of Citizenship/ Immigration Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

Signature

Title

Date

Signature

Title

Date

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" for allowed alternatives.

Employer Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

Do you have employees or subcontractors in connection with this application in the state of Missouri?

_____ **NO**

_____ **YES** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

Signature

Title

Date

Signature

Title

Date

Affidavit of Authorized Workers

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on _____ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired by me, my business, and/or any other business entity for which I have hiring or management authority from the date of enrollment in the federal work authorization program.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you received when enrolling in e-verify.** To enroll visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the 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 MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

Print Name

Signature

Title

Print Name

Signature

Title

State of Missouri
County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

[Notary Seal:]

[signature of Notary]

My commission expires: _____, 20____.

[typed name of Notary]
NOTARY PUBLIC