

STATE OF MISSOURI

MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY

AGRICULTURAL PRODUCT UTILIZATION CONTRIBUTOR DEVELOPMENT AUTHORITY

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 non-refundable 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

E-MAIL

INDIVIDUAL OR BUSINESS TAX YEAR (CHECK ONE)

☐ Calender Year ☐ Fiscal Year

BEGINNING DATE OF TAX YEAR

END DATE OF TAX YEAR

TAX IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER(S)

MISSOURI TAX IDENTIFICATION NUMBER

TAX PAYER (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 percentage 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 AUTHORITY'S APPROVAL BUT PRIOR TO JUNE 12, 2026.)

ANY OTHER REQUIREMENTS FOR RECEIVING THE PROPOSED CONTRIBUTION (PLEASE DESCRIBE)

MILITARY BENEFITS / SERVICE

1.

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

☐ Yes

☐ No
2.

If yes, would you like to receive information and assistance regarding veterans benefits and services?

☐ Yes

☐ No
3.

If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information?

☐ Yes

☐ No

General information may also be found at the Missouri Veterans Commission’s website.

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