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%.

02/19/2025

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 13, 2025.)
_____

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: _____

02/19/2025