



Missouri Agricultural and Small Business Development Authority
Qualified Beef Tax Credit Request for Transfer

MISSOURI FORM
QBT
 Chapter 135.679 RSMo

PLEASE TYPE OR PRINT

SECTION 1:

Information on the current tax credit certificate holder.

Date: _____

Name of Holder: _____

Address: _____
STREET/P.O. BOX

CITY STATE ZIP CODE

Contact person: _____ Telephone: _____
NAME AND TITLE

Federal Identification Number OR Social Security Number: _____

Approved Tax Credit Number: _____

Amount of approved Tax Credit to be transferred: \$ _____

Date of transfer: _____
MONTH/DAY/YEAR

Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this _____ day of _____, _____.

Seller: _____

Subscribed and affirmed before me this _____ day of _____, _____

NOTARY My commission expires: _____

SECTION 2: Information on the transfer and assignee(s).

Name of Purchaser: _____

Address of Purchaser: _____

STREET/P.O. BOX

CITY

STATE

ZIP CODE

Phone Number: _____

Taxpayer: Corporation Partnership Individual S-Corporation Trust Limited Liability Company
 Other (please describe) _____

F.E.I.N. or S.S. N.: _____ Missouri Tax I.D.: _____

Total Amount of Credit to be Transferred: \$ _____

Amount of Credit Purchased

Sale Price

\$ _____

\$ _____

Note: Total must be equal to the "Total Amount of Credit to be Transferred" from above. Use a separate sheet if necessary.

Note: If the taxpayer is a Trust, Partnership, Limited Liability Company or S-Corporation, attach a separate sheet to this form and identify the names, social security numbers, and proportionate share of ownership of each beneficiary, partner, or shareholder. The aggregate proportionate shares or percent of total ownership may not exceed 100%.

The taxpayer acquiring credits (the assignee), may use the acquired credits to offset up to 100% of the tax liabilities otherwise imposed by Chapter 143, RSMo, (excluding withholding tax imposed by sections 143.191 to 143.265, RSMo), Chapter 147, RSMo.

Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this _____ day of _____.

Purchaser: _____

Subscribed and affirmed before me this _____ day of _____, _____

My commission expires: _____

NOTARY

**RETURN
COMPLETED
FORM AND
\$50 FEE TO:**

**Missouri Agricultural and Small Business Development Authority
P.O. Box 630
Jefferson City, Missouri 65102-0630
(573) 751-2129**

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 Form QBT

_____ \$50 tax credit transfer fee

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

