Missouri Department of Economic Development

APPLICATION FOR CLAIMING TAX CREDITS

Missouri Form CDTC-770

This application is to be completed by the taxpayer/donor for which the tax credit will be issued. Instructions for completing this form are on pg. 2. Please type or print. Tax credit applications must be turned in to the Department of Economic Development (DED) **no later than 1-year after the donation date**.

1. QUALIFYING PROGRAM

◉ **Youth Opportunities (YOP)**	☐ **Neighborhood Assistance (NAP)**	☐ **Small Business Incubator Tax Credit (SBI)**	☐ **Family Development Account (FDA)**

2. TAXPAYER (DONOR) MAILING ADDRESS

Street Address	City	State	Zip Code

3. TAXPAYER (DONOR) INFORMATION

Individual Donors (complete the fields below)

Taxpayer Name	Taxpayer Social Security #
Spouse Name (joint tax return filers only)	Spouse Social Security #
Taxpayer Email	Taxpayer Phone

Taxpayer status at the time the donation was made (select only 1)

- ○ Individual – YOP, SBI, and FDA programs only
- ○ Individual - with a farm operation
- ○ Individual - reporting income from MO rental properties or royalties
- ○ Individual - reporting income from a sole proprietorship
- ○ Individual - reporting income from a partnership, S-Corporation or Limited Liability Corp. (LLC)

Taxes paid by:

- ☐ Calendar Year (CY)

Business Donors (complete the fields below)

Business Name (as listed with SOS)	Business Federal ID (FEIN)
Business Contact Name	
Business Contact Email	Business Contact Phone

Business status at the time the donation was made (select only 1)

- ○ Corporation
- ○ Financial Institution
- ○ Partnership - attach partner names, social security #'s, and percents of ownership.
- ○ S-Corporation - attach shareholder names, social security #'s, and pe percents of ownership.
- ○ Limited Liability Corp. - attach members names, social security #'s, and percents of ownership.
- ○ Insurance company

Taxes paid by:

- ○ Calendar Year (CY) ○ Fiscal Year (FY) From_____ To_____

4. TYPE OF CONTRIBUTION AND VALUE

Were any goods and/or services received? Required ☐ **Yes** ☐ **No** **Contribution includes payment processing fee(s)** ☐

Type of Contribution	Eligible Contribution Value	Date of Contribution (MM/DD/YYYY)
Cash		
Stocks (valued between high/low on the date of transfer from the donor into the nonprofit's brokerage account)		
In-Kind (valued as the lesser of the cost to donor OR fair market value)		
Wages Paid to participating youth (YOP program only)		
Total Eligible Contribution Value (Amt Eligible for YOP/NAP/SBI/FDA Program)		

5. CONTRIBUTION DOCUMENTATION

☐ I have attached the required documentation per the type of contribution listed in the Companion Guide.

6. TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN A NOTARY'S PRESENCE)

I have examined the above application and confirm, to the best of my knowledge, information, & belief, that the above information is true and correct. Further, if operating as a business in Missouri, I declare that I do not knowingly employ illegal aliens and have complied with federal laws (8 U.S.C. 1324A), which requires examination of the appropriate documents to verify employment eligibility. I understand that if found to have employed an illegal alien in Missouri and did not, for that employee, examine the documents required by federal law, that I shall be ineligible for any state-administered or subsidized tax credit, tax abatement, or loan for a period of five (5) years following such finding.

Taxpayer Signature

Notary public rubber stamp seal	State	County (or City of St. Louis)	
	Subscribed and sworn before me, this		
	Day	Month	Year
	Notary public name	Notary public signature	My commission expires (MM/DD/YYYY)

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

Approved Organization Name	Project Number
MINDDRIVE	293186

I have examined this application including all attachments and believe it to be an accurate description of the contribution received by our organization for the purpose of carrying out the approved project.

Authorized Signer Name (printed/typed)	Authorized Signer Signature	Date (MM/DD/YYYY)
Brigitte Barton		

GENERAL NOTES:

- Please allow 3-6 weeks for processing of this application.
- The tax credit cannot be claimed on a Missouri tax return until the donor has received the official tax credit certificate from the Missouri Department of Economic Development (DED).
- Reach out to DED at **community@ded.mo.gov or 573-522-4216** with any questions about completing this form.

1. QUALIFYING PROGRAM

- Select the applicable program type.
- **Note**: Please make only 1 selection.

2. TAXPAYER (DONOR) MAILING ADDRESS

- Enter the mailing address for the taxpayer.

3. TAXPAYER (DONOR) INFORMATION

- Please complete the required fields for either individuals (and individuals with business income) OR business donors.
- Indicate whether taxes are paid by Calendar Year (CY) or Fiscal Year (FY).
    1) If taxes are paid by Fiscal Year, enter the start and end dates of the Fiscal Year.
- **Note**: Donations claimed by a business entity (except for sole proprietorships) must be made from a business account.
- **Attachments**: Partnerships, S-Corps, & LLCs are required to attach:
    1) A complete list of partners, shareholders, or members,
    2) The social security numbers of all partners, shareholders, or members AND,
    3) Percents of ownership by each partner, shareholder, or member. **Note**: Percent of profit distribution is not always the same as percent of ownership. If any partners, shareholders, or members are trusts, include both 1) the Federal ID number for the trust AND 2) the social security number of the beneficiary.

4. TYPE OF CONTRIBUTION AND VALUE

- Indicate whether any goods and/or services were received using the checkboxes.
- Indicate the type, total eligible contribution value, and date of the contribution.

5. CONTRIBUTION DOCUMENTATION

- **Attachments:** All applications for tax credits must include documentation demonstrating proof of the donation as described in the **Companion Guide**.
- Please check the box confirming that you have provided the required documentation.

6. TAXPAYER CERTIFICATION AND NOTARIZATION

- The taxpayer/business (donor) must sign the form in the presence of a notary.
- The form and documentation should then be returned to the approved organization.

7. CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

- Verify all information on the form to ensure accuracy and completeness.
- Attach all required documentation - see instructions above and in the **Companion Guide**.
- An authorized signer for the approved organization must sign and date the form.

SUBMITTING THIS FORM:

- **Send Via FTP Portal** (Recommended):
    1) The FTP portal is a file system that allows users to send large documents that are too big to go through email.
    2) To upload a file, please follow the instructions on the **NAP webpage** or **YOP webpage** under the "How Do I Apply" tab.
    3) **Note**: A notification email confirming receipt will be sent to the authorized signer within 3 business days.
- **Send Via Email** (alternative option for smaller file size submissions)
- **Note**: Program documents can be accepted as either digital OR original documents. If you choose to mail an original document, please do not upload a duplicate. Likewise, please do not mail an original copy if you have uploaded the same file through the webpage. Any original documents should be mailed to the address listed below.
    1) NAP/YOP/FDA
       MO Department of Economic Development
       PO Box 118
       Jefferson City, MO 65102