Mississippi Department of Revenue Application for Certification

of Economic Incentives

1.			2.				
	Name of Business (Please Print)		Name of County Where Facility is Located				
	Mailing Address			Physical Location			
	City Sta	te Zip Code		City	State	Zip Code	
3.	Federal ID # :	Mississippi Use Tax Account # :	(If issued	Pay	issippi Direct Permit # :		
4.	Type of Business Requesting Cer	tification(check one)		, acturer/Processor	Warehouse		
[Wholesaler Distributor	Research & Dev	elopment	Other (list primary activity)			
5.	Detailed description of the work performed by the facility requesting certification:						
6.	Date company will begin making	purchases for whic	ch sales/use ta	ax exemption is re	equested:		
	Date company will begin making potential data and produced by the second						
7.		u ction or business Year:	begins:				
7.	Date construction ends and prod Estimates related to the qualified	u ction or business Year:	begins:				
7.	Date construction ends and produce construction ends and produce construction ends and produce construction ends and product constructin ends and product construction ends and product co	u ction or business Year:	begins:				
7.	Date construction ends and product Estimates related to the qualified activities by year, <u>NOT</u> cumulative Increase in employment:	u ction or business Year:	begins:				
7.	Date construction ends and produce the second product of the secon	uction or business Year: e:	begins:				
7.	Date construction ends and produce the qualified activities by year, <u>NOT</u> cumulative increase in employment: Increase in annual payroll: Cost of construction/remodeling:	uction or business Year: e:	begins:				

I declare that I have examined this application and, to the best of my knowledge, believe the information contained is true and correct and that the business referred to above qualifies for the exemption and/or credit requested. Inaccurate information or failure to comply with requirements for qualification will cause this certification to become void.

Name of person signing (please print)

Signature

Telephone Number

Title

Date

Mail To: **Mississippi Department of Revenue** Office of Tax Policy Post Office Box 1033 Jackson, Mississippi 39215

See next page for rest of application



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Check the box of which incentive(s) you are applying for (Details for each incentive can be found in the Incentive Booklet on our website.)
Income Tax Credits
<u>Jobs Tax:</u> Jobs tax credit is available to manufacturers, wholesalers, processors, research and development, distributors, and warehouse that increase employment by a specified minimum amount depending on the location of the jobs created.
 <u>Research and Development:</u> Must attach a letter showing for each employee and position: Title of the job, purpose of the job, education requirements for the job, experience requirements for the job, hours worked per week, salary or compensation, expected hire date, and any other information showing the employee qualifies for the Research and Development Skills Tax Credit. <u>Child/Dependent Care:</u> Must attach a letter explaining the dependent care program and a copy of the certification
from the Mississippi Department of Health.
Manufacturing Investment: Must attach documentation about the project detailing the investment, including a description of the project giving rise to the eligible investment and a description of the equipment and the capitalized cost of the eligible investment. At least \$1 million has to be spent. Beginning date of project: Ending date of project: Date business began manufacturing in Mississippi
<u>RED Bonds:</u> Must attach documentation showing financial agreement with Mississippi Business Finance Corporation (MBFC).
Sales Tax Exemptions
<u>Construction/Expansion:</u> Facility type (check one): New facility Expanding existing facility
Data Center: Must attach a copy of MDA certification letter.
Bonds: Must attach a copy of the bond certificate issued by Mississippi Business Finance Corporation (MBFC).
 Multi Tax Incentives Headquarters: Must attach: A list of all facilities inside and outside of Mississippi operating under the company's name. A description of the activities that justify the headquarters status. A list of the twenty(20) jobs associated with the headquarters, including such information as: Title of each job, purpose or description of each job, education requirements for each job, experience requirements for eadch job, and salary or compensation amount. * Note: Headquarter jobs only must include officers and other high level employees, along with support staff normally associated with headquarters.
 <u>Aerospace Industry:</u> Must attach a copy of the MDA certification letter. MDA Certification Number () Certification Date
Expiration Date
Expiration Date <u>Broadband:</u> Must attach a list of equipment used in deployment of the broadband technologies. County in which equipment is deployed:
County in which equipment is deployed. Clean Energy: Must attach a copy of the MDA certification letter.
MDA Certification Number () Certification Date Expiration Date
Please list any other incentives you wish to apply for along with the code section of such incentive.