

Missouri Agricultural and Small Business Development Authority
Verification of Contribution
For Agricultural Product Utilization Contributor Tax Credit

MISSOURI FORM
888
 Chapter 348.430 RSMO

Please Print or Type		
SECTION 1 CONTRIBUTOR / CONTRIBUTION		
1. INDIVIDUAL'S NAME OR NAME OF BUSINESS MAKING CONTRIBUTION <u>(Name(s) in which tax credit is to be issued)</u>		
2. ADDRESS (STREET/P.O. BOX, CITY, STATE, ZIP CODE)		
3. INDIVIDUAL OR BUSINESS TAX YEAR <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR	BEGINNING DATE FOR FISCAL YEAR	ENDING DATE FOR FISCAL YEAR
4. BUSINESS FEDERAL IDENTIFICATION NUMBER or SOCIAL SECURITY NUMBER		
TAXPAYER: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER _____ If taxpayer is a Trust, Partnership, S-Corporation or Limited Liability Company, 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%.		
5. AMOUNT OF THE CONTRIBUTION		
SECTION 2 VERIFICATION OF CONTRIBUTION		
I do hereby certify, subject to the penalties of perjury, that a contribution was made to the Missouri Agricultural and Small Business Development Authority by the subject taxpayer in the amount indicated above.		
SIGNATURE OF CONTRIBUTOR	DATE	
SECTION 3 TO BE COMPLETED BY MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY		
OFFICIAL USE ONLY TO: MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY I have examined this verification (including all attachments), and do hereby acknowledge receipt of the contribution as specified in Section 1 and to the best of my knowledge and belief, it is true, correct and complete.	AMOUNT OF APPROVED TAX CREDIT	
SIGNATURE OF MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY	DATE	
RETURN COMPLETED FORM AND CONTRIBUTION TO: MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY PO BOX 630 JEFFERSON CITY, MO 65102-0630 TELEPHONE: (573) 751-2129		