



**MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
APPLICATION FOR CLAIMING TAX CREDITS**

BENEFIT NUMBER - OFFICE USE ONLY

This application is to be completed by the taxpayer/donor for which a tax credit will be issued. Instructions for completing this form are on the reverse. Please type or print.

**PART I: QUALIFYING PROGRAM**

FAMILY DEVELOPMENT ACCOUNT     NEIGHBORHOOD ASSISTANCE PROGRAM     YOUTH OPPORTUNITIES PROGRAM

**PART II: TAXPAYER (DONOR) INFORMATION - See instructions.**

TAXPAYER NAME - INDIVIDUAL (INCLUDE SPOUSE INFORMATION IF A JOINT RETURN IS FILED) OR BUSINESS NAME (AS LISTED WITH SECRETARY OF STATE'S OFFICE)

FOR BUSINESSES, LIST A CONTACT PERSON	CONTACT EMAIL ADDRESS	CONTACT TELEPHONE #
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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SOCIAL SECURITY NUMBER	SPOUSE SOCIAL SECURITY NUMBER	BUSINESS FEDERAL ID NUMBER	MISSOURI TAX ID NUMBER
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TAXES PAID BY:  
 CALENDAR YEAR    OR     FISCAL YEAR FROM \_\_\_\_\_ TO \_\_\_\_\_

**PART III: TAXPAYER ELIGIBILITY - CHOOSE ONLY ONE ELIGIBILITY STATUS**

<p><b>INDIVIDUAL DONOR</b></p> <input type="checkbox"/> INDIVIDUAL - YOP AND FDA ONLY <input type="checkbox"/> INDIVIDUAL WITH A FARM OPERATION <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM MO RENTAL PROPERTY OR ROYALTIES <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM A SOLE PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL REPORTING INCOME FROM A PARTNERSHIP, S-CORPORATION, OR LIMITED LIABILITY CORP (LLC)	<p><b>BUSINESS DONOR</b></p> <input type="checkbox"/> CORPORATION <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> PARTNERSHIP - ATTACH PARTNER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> S-CORPORATION - ATTACH SHAREHOLDER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> LIMITED LIABILITY CORP - ATTACH MEMBER NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTS OF OWNERSHIP <input type="checkbox"/> INSURANCE COMPANY
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**PART IV: TYPE OF CONTRIBUTION AND VALUE**

TYPE OF CONTRIBUTION	VALUE	DATE OF CONTRIBUTION MONTH/DAY/YEAR
<input type="checkbox"/> CASH; WERE ANY GOODS AND/OR SERVICES RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> STOCKS (VALUED BETWEEN HIGH AND LOW ON THE DATE OF TRANSFER FROM DONOR INTO NONPROFIT'S BROKERAGE ACCOUNT)		
<input type="checkbox"/> IN-KIND (VALUED AS LESSER OF COST TO DONOR OR FAIR MARKET VALUE)		
<input type="checkbox"/> WAGES PAID TO PARTICIPATING YOUTH - YOP ONLY		

**PART V: TAXPAYER CERTIFICATION AND NOTARIZATION (TO BE SIGNED IN NOTARY'S PRESENCE)**

I have examined the above application and confirm, to the best of my knowledge, information, and 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 law (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 years following any such finding.

TAXPAYER SIGNATURE

NOTARY PUBLIC EMBOSSER OR BLANK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES:
	NOTARY PUBLIC NAME TYPED OR PRINTED	
USE RUBBER STAMP IN CLEAR AREA BELOW		

**PART VI: CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR**

APPROVED ORGANIZATION NAME	PROJECT NUMBER
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I have examined this application and 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.

PROJECT DIRECTOR NAME PRINTED/TYPED	PROJECT DIRECTOR SIGNATURE	DATE
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**THIS FORM MUST BE SUBMITTED TO DED WITHIN 12 MONTHS FROM THE DATE OF DONATION TO QUALIFY FOR A TAX CREDIT.**

## INSTRUCTIONS FOR COMPLETING MISSOURI FORM CDT-770

This application form is used to claim credits for eligible contributions made by individuals and businesses to organizations approved for the Neighborhood Assistance (NAP), Youth Opportunities (YOP), or Family Development Account (FDA) Programs. **ALLOW 3-6 WEEKS FOR PROCESSING. DONOR AND PROJECT DIRECTOR SIGNATURES, AS WELL AS NOTARY, MUST BE ORIGINALS (NO COPIES).**

### TAXPAYER/DONOR COMPLETES & ATTACHES DONATION DOCUMENTATION

#### PART I: SELECT ONLY ONE PROGRAM TYPE

#### PART II: DONOR'S/TAXPAYER'S FULL NAME, ADDRESS, IDENTIFICATION NUMBERS

- **INDIVIDUALS and INDIVIDUALS with BUSINESS INCOME** - Enter donor name, social security number, and contact information. **IF MARRIED FILING A JOINT TAX RETURN**, enter donor name **AND** spouse's name **AND** both social security numbers.
- **BUSINESS DONORS** - Enter full business name as registered with Secretary of State; Provide the name, email, and phone number of the business contact in the event DED staff have questions. Enter Federal ID Number.
- Enter the address the tax credit certificate should be mailed to.
- Indicate whether taxes are paid by calendar year or fiscal year. If fiscal year, enter dates.

#### PART III: TAXPAYER ELIGIBILITY - CHOOSE ONLY ONE ELIGIBILITY STATUS

Select ONE (1) taxpayer status that qualifies you to receive a tax credit. You must check the box that describes the donor's tax status at the time the contribution was made.

- YOP and FDA are the only programs for which the Individual box may be checked.
- Donations to be claimed by a business entity (with the exception of sole proprietorships) **MUST** be made from a business account.
- Partnerships, S-Corps, and LLC's are required to attach: a complete list of partners, shareholders, or members, their social security numbers, and percents of ownership by each. Note: Percent of profit distribution is not always the same as percent of ownership. If any partners, shareholders, or members are trusts, include both the Federal ID number for the trust and social security number of the beneficiary.

#### PART IV: TYPE OF CONTRIBUTION/DONATION MADE AND VALUE; PROOF OF DONATION

##### CASH/MONETARY DONATIONS:

- **Checks** - Attach documentation that clearly shows the check has cleared the DONOR's bank account. **ALL** pages of documentation must include donor name and/or account number. **Traditional Documentation:** 1) A copy of the front of the check **and** the donor's checking account statement showing the check's posting; 2) A copy of the front and back of the check, along with proof of posting to the donor's bank, such as a letter from the bank or other bank transaction showing the check #, check amount, and post date. **Online Banking Documentation:** 1) Printout (microfiche) of front of the check, with post date, check #, and amount; 2) Printout of front and back of the check, with "dda debits" or web address of donor's financial institution at the top or bottom of the printout.
- **Credit Card** - Credit card statement must show donor's name and last 4 digits of the account number, as well as: billing cycle, date the charge was posted, name of the recipient organization, and amount of donation.
- **Electronic Funds Transfer/Debit** - Donor provides a copy of their bank statement showing EFT or ACH, including donor name and last 4 digits of the account number, statement date, transaction date, recipient organization, and amount of donation.

##### STOCK DONATIONS:

- Must show donor ownership of stock, transfer of stock to the organization, and sale of the stock by the organization.
- **Donor/taxpayer must provide** a letter from their broker OR a copy of their brokerage account portfolio showing: donor name, name of recipient organization, name of security(ies) transferred from donor account to organization, number of shares, and date of transfer.
- **Recipient organization must provide** proof the donated stock was sold. Attach a copy of the brokerage statement showing sale of stock (name of security(ies) sold, number of shares, date sold, amount) OR trade confirmation **AND** a copy of the front of the brokerage check or proof of payment from the stock sale.

##### IN-KIND DONATIONS:

- **Real estate contributions** – Attach a copy of the deed, the required number of appraisals, and a Phase I Environmental Assessment. At least two qualified, independent appraisals are required for real or personal property contributions. Exceptions: Commercial property valued at less than fifty thousand dollars and vacant or residential property with a value of less than twenty-five thousand dollars require only one appraisal. State licensed or certified appraisers must perform all appraisals.
- **Rent donations** - Valued at comparable market value of the rental OR the actual rental value, whichever is less. Attach an invoice from the lessor to the lessee **AND** a letter from an independent appraiser stating the value of comparable rents for the area.
- **Equipment/Supplies** – Attach a copy of the invoice showing the cost to the donor or current fair market value, whichever is less.
- **Professional services (NAP ONLY)** – Attach a copy of the invoice or other documentation showing the cost of services to the donor or fair market value, whichever is less. Include the type of services being donated, number of hours, and rate.

**WAGES PAID (YOP ONLY)** - Attach a copy of the employer's payroll record, the Wages Paid Statement, and the Employee Pay History (available online). The Wages Paid Statement should: be signed by the employee and the employer, itemize the total number of hours worked (regular and overtime), and list the employee's hourly wages.

#### PART V: DONOR SIGNATURE AND NOTARY

Donor must sign the form in the presence of a notary. The form and documentation/proof of the donation should be returned to the NAP/YOP/FDA approved organization. **The tax credit cannot be claimed on the Missouri tax return until the donor has received an official tax credit Certificate from the Department of Economic Development.**

### PROJECT DIRECTOR OF THE APPROVED ORGANIZATION

#### PART VI: CONTRIBUTION VERIFICATION BY PROJECT DIRECTOR

Enter name of the organization, project number assigned by DED, and printed Project Director name. **VERIFY AND ATTACH ALL REQUIRED DOCUMENTATION.** Sign and date the form, then forward, with documentation, to DED for processing. Mail to: NAP/YOP/FDA, MO Department of Economic Development, PO Box 118, Jefferson City, MO, 65102.

Need examples of acceptable documentation? Questions? Call (573) 522-2629 or (573) 751-4539