



# Mississippi Department of Revenue

## Application for Certification of Economic Incentives

FOR OFFICE USE ONLY

1. \_\_\_\_\_  
Name of Business (Please Print)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City State Zip Code

2. \_\_\_\_\_  
Name of County Where Facility is Located

\_\_\_\_\_

Physical Location

\_\_\_\_\_

City State Zip Code

3. Federal ID # : \_\_\_\_\_ **Mississippi Use Tax Account # :** \_\_\_\_\_ **Mississippi Direct Pay Permit # :** \_\_\_\_\_  
(If issued) (If issued)

4. Type of Business Requesting Certification (check one)  Manufacturer/Processor  Warehouse  
 Wholesaler  Distributor  Research & Development  Other (list primary activity) \_\_\_\_\_

5. Detailed description of the work performed by the facility requesting certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date company will begin making purchases for which sales/use tax exemption is requested: \_\_\_\_\_

7. Date construction ends and production or business begins: \_\_\_\_\_

8. Estimates related to the qualified activities by year, NOT cumulative: Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

Increase in employment:	_____	_____	_____
Increase in annual payroll:	_____	_____	_____
Cost of construction/remodeling:	_____	_____	_____
Cost of machinery, equipment & fixtures:	_____	_____	_____
Other costs (explain):	_____	_____	_____
Total costs:	_____	_____	_____

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
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



# Mississippi Department of Revenue

## Application for Certification of Economic Incentives

### 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

- Jobs Tax:** 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.
- Research and Development:** 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.
- Child/Dependent Care:** 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 \_\_\_\_\_
- RED Bonds:** Must attach documentation showing financial agreement with Mississippi Business Finance Corporation (MBFC).

Sales Tax Exemptions

- Construction/Expansion:** 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 each 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.
- Aerospace Industry:** Must attach a copy of the MDA certification letter.
  - MDA Certification Number ( \_\_\_\_\_ ) Certification Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_
- GAP:** Must attach a copy of the MDA certification letter.
  - MDA Certification Number (GPC- \_\_\_\_\_ ) Certification Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_
- Broadband:** Must attach a list of equipment used in deployment of the broadband technologies.
  - 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.