



SMART Business Rebate

Investor Name: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Investor Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Recipient of qualified research funds: \_\_\_\_\_

(i.e., name of college or research corporation)

Brief description of qualified research costs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Any research made outside the State of Mississippi does not qualify for the rebate.

Total qualified research costs \$ \_\_\_\_\_  
x 25 %

Total rebate requested \$ \_\_\_\_\_

Under the penalty of perjury, I hereby certify that the information provided on this form is accurate to the best of my knowledge and belief is true, correct, and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Must attach: Proof of payment to college or research corporation, Copy of SMART Business certificate, Copy of research agreement, and Investor's W-9