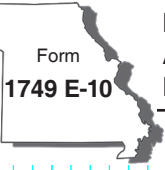


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Missouri Department of Revenue
Application for 10 Percent Electrical Energy Exemption for Manufacturing

Department Use Only (MM/DD/YY) [Yellow boxes]

Missouri Tax I.D. Number [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

Note: This is not a refund application. A refund application must be filed by the utility in order to receive a refund for periods prior to issuance of the direct pay authorization letter.

Complete this application to apply for electrical energy direct pay authorization if your electrical energy costs exceed 10 percent of total production cost according to [Section 144.030.2\(13\), RSMo.](#) A separate application should be completed for each calendar year for which you are applying. If approved and authorized, a non-expiring direct pay certificate will be issued. You do not need to reapply each year. If at any time you no longer qualify for this exemption, it is your responsibility to notify your utility supplier, withdraw your exemption, and remit the appropriate tax to the state. If you qualify at a later date you can re-apply at that time.

1. Application Year and Identification Numbers

Application Year (Calendar Year Only) | Type of Application
 New Renewal

2. Applicable Business Location

Business Trade Name | Business Phone (____) _____ | County
Street Address (Do Not Use P.O. Box or Rural Route) | City | State | Zip Code

3. Owner Name and Address

Business Trade Name | County
Street Address (Do Not Use P.O. Box Or Rural Route) | City | State | Zip Code

4. Mailing Address (Select One)

Business Address Owner Address Other (Give Full Address Below) | County
Street Address | City | State | Zip Code

5. Contact Person (Attach Power of Attorney, [Form 2827](#) if not employed by applicant).

Name | Title | Phone (____) _____

6. Type of Exempt Electrical Energy Usage (Select One)

If you are claiming an exemption for more than one process, you must submit an application for each. Material Recovery Processing Plant
Primary: Compounding Processing Manufacturing Mining Producing Secondary: Fabricating Processing

7. Description of Business Operations and Products Produced (Attach additional sheet if needed)

[Blank area for description]

8. Name and Address of Electrical Energy Supplier

Supplier's Name | County
Street Address | City | State | Zip Code

9. Applicable Numbers Assigned by Supplier (Attach additional sheet if needed)

Account Number(s)	Percentage Taxable	Percentage Exempt	Description of Electrical Usage

Part A - General Information



01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

Missouri Tax I.D. Number
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Part C - Cost of Production

Section 1 Total Cost of Production		
A. Direct Material	A	
B. Direct Labor	B	
C. Overhead Expenses		
1. Plant Equipment-Depreciation	C1	
2. Plant Equipment-Insurance	C2	
3. Plant Equipment-Taxes	C3	
4. Plant Building Rent or Depreciation	C4	
5. Compensation Insurance or Similar Cost	C5	
6. Indirect Labor	C6	
7. Utilities	C7	
8. List Other Expenses	C8	

Total Overhead Expenses (Total C1-C8)	C	
D. Total Cost of Production (Total A, B and C)	D	

Part D - Summary

1. Total cost of electrical energy used in operation (Part B, Section 3, Column 1)	1	
2. Total cost of producing product in exempt operation (Part C, Line D)	2	
3. Total cost of electrical energy used directly in exempt operation (Part B, Section 3, Column 3)	3	
4. Total production costs less electrical energy used in production in exempt operation (Line 2 minus Line 3)	4	
5. Ten percent of Line 4 (Line 4 multiplied by .10)	5	
6. Percentage of electrical energy used in production to total cost of production exclusive of electrical energy so used (Line 3 divided by Line 4)	6	

If at any time you no longer qualify for this exemption, it is your responsibility to notify your utility supplier, withdraw your exemption, and remit the appropriate tax to the state.

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I declare that I have direct control, supervision or responsibility for completing this application. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge.

Signature	Title
Printed Name	Date (MM/DD/YYYY) ___ / ___ / ___

Comments

Mail to: Taxation Division
 P.O. Box 358
 Jefferson City, MO 65105-0358

Phone: (573) 751-2836
Fax: (573) 522-1271
E-mail: salestaxexemptions@dor.mo.gov

Visit dor.mo.gov/business/sales/ for additional information.



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