17	Missouri Department of Revenue Application for 25 Percent Recovered Material Electrical Energy Exemption for Manufacturing																	
	Liectrical Energy Exemption for Manufacturing																	
222	ouri Tax I D] _F ,	ederal En	nnlover				\top					
lissouri Tax I.D. Federal Employer I.D. Number																		
	Note: This is the direct pay				efund applic	ation r	nust be filed	by the u	tility in ord	der to r	receive	a refund	d for	periods	prior t	o issua	nce of	
Complete this application to apply for electrical energy direct pay authorization if your electrical energy costs exceed 10 percent of total production of according to Section 144.030.2(13), RSMo. A separate application should be completed for each calendar year for which you are applying. If approvant 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 the 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 laddate you can re-apply at that time.													proved for this					
	1. Application Year and Identification Numbers																	
	Application Y	Application Year (Calendar Year Only) Type of Application New Renewal																
	2. Applicable	Business	Location															
	Business Tra	de Name						Busines (s Phone	_				County				
	Street Address (Do Not Use P.O. Box or Rural Route)											,	State	Zip	Code			
	3. Owner Na	ime and Ac	ldress															
	Business Trade Name										1-1		County					
	Street Address (Do Not Use P.O. Box Or Rural Route)							City						State	Zip	Code		
	4. Mailing A	ddress (Sel	ect One)															
1011											County							
Business Address Owner Address O Owner Address Street Address 5. Contact Person (Attach Power of Attorney, Form 2 Name 6. Type of Exempt Electrical Energy Usage (Select O							City						:	State	Zip	Code		
= 0	5. Contact P	erson (Atta	ich Power	r of Attorn	ney, <mark>Form 2</mark>	2 <mark>827</mark> if	not employe	d by appl	icant).									
	Name										Phon	ne	_)					
ξ	6. Type of E	xempt Elec	trical Ene	ergy Usaç	ge (Select C	ne)												
5	If you are clai	ming an exe	mption for	more tha	n one proces	ss, you	must submit a	ın applica	tion for ea	ch. [Mate	erial Rec	covery	y Proces	sing Pl	ant		
	Primary:	Compound	ling 🗍	Processir	ng 🗍 Mar	nufactu	ring 🗍 Min	ing 🔲	Producino	g :	Seconda	ary:	Fab	ricating	g Processing			
7. Description of Business Operations and Products Produced (Attach additional sheet if needed)																		
	8. Name and	d Address o	of Electric	al Energy	y Supplier													
	Supplier's Name County																	
Street Address City										,	State	Zip	Code					
	9. Applicable	Numbers	Assigned	by Supp	lier (Attach	additio	onal sheet if r	needed)										
	Accou	nt Number(s)	Percer	ntage Taxab	le	Percentage E	xempt			Descr	iption of	Elec	trical Us	age			

Section	1 Taxable Equip	ment Listing - A	ttach you	r taxab	le equip	pment l	isting w	ith KWI	H usage	e (or exer	npt equip	oment listing, if	applicable)	
and ma	taxable equipment achines used in n your calculation of	naintenance of I	iving, offic	ce, plar										
Number of Units	Descrip Taxable Electri Attach a det	ical Equipment	Hours Per Day (run-time)	Days Per Week	Weeks Per Year	Phase	Amp Draws	Volts	HP	Wattage from VA	Wattage from HP	Estimated Hours Used Annually Per Unit	Estimated Hours Used Annually X No. of Units	KWH Per Yea
			-	- \		Λ	N /	н		-				
			+E				IV	H		₽				
													Total KWH	
	calculate the kile												L s in Part B are	
	e of calculating th n 144.054.2 RSM		ider <u>Secti</u>	on 144	1.030.2	(13) R	<mark>SMo</mark> . a	nd shou	ld not t	ake into	account t	the additional e	exempt electricity	/ under
Section	2 Computation o	of Percentage of	Electricit	y Used										
		nated Usage					ł	KWH					centage	
	al Electricity Used		ppliers bi	lls)	A						1		100%	
	able Electricity Us				В			(Part B,	Section				(B÷A)
	mpt Electricity Us 3 Determination		Taxable F	Purchas	C					(A-	B)			(C÷A)
Columi	n 1 is obtained from 2 is obtained by n 3 is obtained by	om suppliers' bi y multiplying Co	llings. (In lumn 1 by	clude to	all mete	percent	age in l				1	3		
Billing Period 1. Total Billing Exclusive by Month of Sales Tax					2.				ich Sales quipment	Тах	Billing Portion for Exempt Equipment			
Janua	•					1							pr =qarpor	
Febru	ary													
March	1													
April														
May														
June														
July														
Augus	st													
Septe	mber													
Octob	er													
Nover	mber													
Decer	mber	1												

Part B

Total For Year _



Missouri Tax I.D. Number

List all raw material suppliers and	percentage of recovered mater	ial content necessary	to qualify for the	exemption.	
Name of Raw Material Supplier	A Description of Raw Material	B Total Weight or Volume (1)	C % of Recovered Material (2)	D (B*C) Weight or Volume of Recovered Materials	E % Recovered Materials in To Raw Materials
		1			
				40	
				TU	
Total		10			
Check Figure: Total of Column D				Check Figure	
(1) You can use either the weight (pounds, ounces, feet or inche			her case, you mus	at use the same unit of r	measure
(2) This represents the percent of		materials. Your suppli	er should provide	you with this informatio	n on form 5021.
(3) Divide amounts in Column D b		additional list if pass	dod		
	Attach a	additional list if need	Jed.		

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.

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. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Ш	vidual who files a frivolous return.									
	Signature	Title								
	Printed Name	Date (MM/DD/YYYY)								
		///								

Form-1749E-25 (Revised 12-2015)

Missouri Tax I.D. Number

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.

