
Tax Increment Financing Annual Report

For filing prior year reports or revising past TIF reports

(Note: The reporting period may cover any 12 month period prior to September 30.)

This report includes the requirements of Section 99.865, RSMo **which elements (or portions thereof) are identified by subsection noted in bold.** Additional information is requested to accurately determine the impact of TIF in the State. The results of this unaudited report will be distributed to the Governor, Speaker of the House of Representatives the Senate President Pro Tem and the State Auditor and will be available to the public. There are three Sections to this report, Section 1, Description of the Plan and Project; Section 2, Tax Increment Financing Revenues and Section 3, Certification of Accuracy. An Instruction Sheet is available. If you have any questions, please contact the Missouri Department of Revenue, Taxation Division at 573-751-4541 or (573) 751-3055.

Section 1: Description of the Plan and Project

1. Name of City and/or County (entity that approved the TIF Plan or Project): _____
2. Name of Plan or Project: _____
3. Report Period: From _____, 20 ____; to _____, 20____
4. Name of the person who prepared this Annual Report _____
5. Contact Information
 - a) City or County Contact Agency _____
 - b) Person _____
 - c) Phone _____
 - d) Fax _____
 - e) E-mail Address _____
 - f) Private Sector Developer _____
 - g) Person _____
 - h) Phone _____
 - i) Fax _____
 - j) E-mail Address _____
6. Original Date Plan/Project Approved _____
7. Ordinance Number (if available) _____
8. Most Recent Plan Amendment Date (if any) **[99.865.1(9)]** _____
9. Ordinance Number (if available) _____
10. State House District _____
11. State Senate District _____
12. School District _____

13. General Location of Area or Project Area *(if feasible, please attach copy of Redevelopment Area Boundary Map from Plan [99.865.1(10)]*

14. Brief description of Plan/Project **[99.865.1(10)]** _____

15. Plan/Project Status *(Circle one which best describes status):*

- | | | |
|-----------------------------|----------------------|------------------------------|
| a) <i>Starting-Up</i> | b) Seeking Developer | c) <i>Under Construction</i> |
| d) <i>Fully-Operational</i> | e) <i>Inactive</i> | f) <i>District Dissolved</i> |

If Clarification Is Needed: _____

16. Area Type *(Circle All Applicable):*

- | | | |
|------------------|------------------------|--------------------------------|
| a) <i>Blight</i> | b) <i>Conservation</i> | c) <i>Economic Development</i> |
|------------------|------------------------|--------------------------------|

17. How was the "but-for" determination made? *(Circle All Applicable):*

- a) Project had unusual/extraordinary costs that made the project financially unfeasible in the market place.
- b) Project required significant public infrastructure investment to remedy existing inadequate conditions.
- c) Project required significant public infrastructure investment to construct adequate capacity to support the project.
- d) Project required parcel assembly and/or relocation costs.
- e) Other (describe): _____

18. Major Development Obstacles to be Overcome: _____

19. Briefly Describe the Project's Public Benefits **[99.865.1(10)]** _____

20. Briefly Describe Agreements with the Developer [99.865.1(9)] _____

21. Brief Description of Any Agreements with the Affected Taxing Districts [99.865.1(9)] _____

22. Number of Relocated Residences During This Report Period: _____

23. Number of Relocated Businesses During This Report Period: _____

24. Number of Parcels Acquired Through Use of Eminent Domain Power In This Report Period (99.865.1(12)): _____

25. Identify any Businesses that have Relocated to the Redevelopment Area During This Report Period: **(Completion of This Section Satisfies Requirements of 99.810.2 'New Business Report', Otherwise Due by the last day of February).**

Name	Address	Phone Number	Primary Business Line	Relocated from What City/County?

(Please Attach List Separately If Necessary or Desired)

26. Estimate of New Jobs: **Projected:** _____ **Actual to date:** _____

27. Estimate of Retained Jobs: **Projected:** _____ **Actual to date:** _____

Section 2: Tax Increment Financing Revenues

28. TIF Revenue Deposits to the Special Allocation Fund as of the Report Date:

Form Date
9/06/2006

a. Payments in Lieu of Taxes (PILOTs): **[99.865.1(6)]**

Total received since inception: \$ _____; Amount on hand: \$ _____
(As of Report Date)

b. Economic Activity Taxes (EATs): **[99.865.1(8)]**

Total received since inception: \$ _____; Amount on hand: \$ _____
(As of Report Date)

Total Revenue on hand in the Special Allocation Fund as of Report Date: [99.865.1(1)] \$ _____

29. Expenditures for Total Project Costs Funded by TIF: **[99.865.1(2)]**

	Total Since Inception:	Report Period Only:
a) Public Infrastructure (streets, utilities, etc)	\$ _____	\$ _____
b) Site Development (grading, dirt moving, etc.)	\$ _____	\$ _____
c) Rehab of Existing Buildings [99.865.1(11)]	\$ _____	\$ _____
d) Acquisition of Land or Buildings [99.865.1(11)]	\$ _____	\$ _____
e) Other (specify): _____	\$ _____	\$ _____
f) Other (specify): _____	\$ _____	\$ _____

Amount Paid on Debt Service: **[99.865.1(3)]**

g) Payments of Principal and Interest on Outstanding Bonded Debt:

Since Inception: \$ _____ This Reporting Period: \$ _____

h) Reimbursement to Developer for Eligible Costs:

Since Inception: \$ _____ This Reporting Period: \$ _____

i) Reimbursement to Municipality (or Other Public Entity) for Eligible Costs:

Since Inception: \$ _____ This Reporting Period: \$ _____

30. Anticipated TIF Reimbursable Costs (Only include hard costs; do not include interest or bond issuance costs.)

- a. Public Infrastructure and Site Development Costs \$ _____
(Utility Extensions, Road Improvements, Stormwater, Demolition, Grading, etc.)
- b. Property Acquisition and Relocation Costs \$ _____
- c. Project Implementation Costs (Including Professional Fees) \$ _____
- d. Other (specify, as applicable): _____ \$ _____
- e) Other (specify): _____ \$ _____
- e) Other (specify): _____ \$ _____
- Total Anticipated TIF Reimbursable Project Costs** \$ _____

31. Anticipated **Total Project Costs** \$ _____

(Please attach a copy of the budgets from the Redevelopment Plan for Anticipated Total Project Costs and Anticipated Reimbursable TIF Costs if any revisions occurring since previous filing.)

32. TIF Financing Method (circle all that apply):

- a) Pay-as-you-go b) General Obligation Bonds c) TIF Notes d) Loan
- e) TIF Bond f) Industrial Revenue Bond g) Other Bond h) Other

Maturity of TIF Obligations *(term of the TIF payout)*

33. Original Estimate (# of Years to Retirement) _____

34. Current Anticipated Estimate (# of Years to Retirement) _____

Estimated Increase in Tax Generation

35. Original Assessed Value of the Redevelopment Project: **[99.865.1(4)]**

\$ _____

36. Assessed Valuation Added to the Redevelopment Project (As of the end of the rpt. period): **[99.865.1(5)]**

\$ _____

37. Anticipated Assessed Value at Time of District Termination: \$ _____

38. Total Amount of **Base Year** EATs **[99.865.1(7)]** \$ _____

39. Total Amount of **Base Year** PILOTs \$ _____

40. Total Annual EATs Anticipated at Time of District Termination \$ _____

41. Total Annual PILOTs Anticipated at Time of District Termination \$ _____

42. Percentage of EATs Captured (*per TIF Plan, usually up to 50%*) _____%

43. Total Years Anticipated to Capture EATs (*per TIF Plan, up to 23 years*) _____

44. Percentage of PILOTs Captured (*per TIF Plan, usually up to 100%*) _____%

45. Total Years Anticipated to Capture PILOTs (*per TIF Plan, up to 23 years*) _____

Section 3: Certification of Chief Executive Officer of Municipality or Agency

This section is not a requirement of 99.865.1-8 RSMo, but may be required, along with other submitted certifications by the municipality or agency, in the event the municipality desires the Department of Revenue to provide statement of conformance with the TIF Annual Report reporting statutes.

I, _____, certify that, to the best of my knowledge and

(Name of Chief Executive Officer of Municipality or Agency)

belief, the statements of fact contained in this report are true and correct.

(Signature of affiant)

(Title of affiant)

NOTE: Please include any before and after color photographs of the Redevelopment Area that are available. If the site has not yet been redeveloped, if possible please include a before picture and a rendering of what the site will look like after redevelopment.

Send Report to: Missouri Department of Revenue
Attn: TIF Annual Report
P.O. Box 27
Jefferson City, MO 65105-0027

Further Information: 573-751-4541 or 573-751-3055