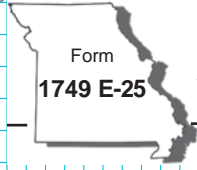


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MISSOURI DEPARTMENT OF REVENUE

Application for 25 Percent Recovered Material 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 the raw materials used in such processing contain at least 25 percent recovered materials 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).

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)

[Empty space 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)

Table with 4 columns: Account Number(s), Percentage Taxable, Percentage Exempt, Description of Electrical Usage

Part A - General Information



14016010001

Missouri Tax I.D. Number									
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Part C - Calculation of Recovered Material Content in Raw Materials

List all raw material suppliers and percentage of recovered material 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 Total Raw Materials (3)
Total					%

Check Figure: Total of Column D divided by Column B (This number should equal the total for Column E.)	Check Figure	%
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- (1) You can use either the weight of the materials or the volume of the materials. In either case, you must use the same unit of measure (pounds, ounces, feet or inches).
- (2) This represents the percent of recovered materials in the raw materials. Your supplier should provide you with this information on form 5021.
- (3) Divide amounts in Column D by the total of Column B.

Attach additional list if needed.

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	
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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 <https://dor.mo.gov/business/sales/> for additional information.



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