2020 Application For Business Personal Property Tax Exemption
– Jackson County, Missouri –

Name of the Organization: ________________________________________________________

D.B.A (if different from corporate name) ____________________________________________

Contact Name: __________________________________________________________________

Mailing Address: __________________________________________________________________

City: __________________________      State: ____________________      Zip: ____________

Office Phone: _________________________ Alternate Phone: __________________________

E-mail Address: ________________________

Situs Address (physical location of property):
______________________________________________________________________________

Parcel (Account) Number: ________________________________________________________

Date your Organization began activities at this location? ______________________________

1. Type of organization (e.g., church, school, civic, medical, fraternal, educational, etc.)
______________________________________________________________________________

2. Is the business exempt from state and federal income tax?
   ( ) Yes, under IRS code 501(c)______.
   ( ) No.

3. Does the organization that is applying own the real estate where you operate this business?
   ( ) Yes,
       Do you have a real estate exemption with Jackson County?
       ( ) Yes ( ) No

   ( ) No, the legal deed holder is: ________________________________________________
       Under what arrangement does the applicant use the Property?
       __________________________________________________________________________

*Attach copies of all agreements or leases*
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4. Is there any other organization or business at the same location?
   ( ) Yes. Please list the names of the business and any affiliation they have to your business on a separate sheet of paper
   ( ) No.

5. List the furniture, fixtures and equipment which you own on attachment C: This would be desks, computers, sound systems, chairs, etc.

6. Are you requesting an exemption on vehicles?
   ( ) Yes. Provide a copy of your Missouri Registration or Title for each vehicle and complete attachment “A”
   ( ) No

7. Does your organization lease any property?
   ( ) Yes, complete attachment “B”
   ( ) No

8. How is the above listed personal property used in the business? (Be detailed and specific as to the activities and use. Do not give broad conclusions, such as “charitable”, “worship” or “public use”). Attach additional sheets if necessary.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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8. Is the applicant registered with the State of Missouri as a foreign corporation?
   ( ) Yes. Provide a copy of your Missouri Registration as a Foreign Corporation.
   ( ) No.

9. Is the owner or applicant an L.L.C.?
   ( ) Yes. Please respond to A-D below.
   ( ) No.
   A. Provide a list of your members.
   B. Are all LLC members non-profit organizations?
   C. Does the State and Federal Government consider the owner/applicant a disregarded entity? ( ) Yes ( ) No
   D. Does the LLC file federal tax form #8832? ( ) Yes ( ) No

10. Who are the people benefiting from or served by the use of the property? __________________

____________________________________________________________________________
11. Does the property generate any income (other than donations)?
   ( ) Yes. Please respond to A & B below.
   ( ) No.
   A. From what source is the income generated (e.g. rentals, leases, fees for services)?
      Please provide leases or agreements from all sources of income.

   __________________________________________
   __________________________________________

   B. What is the income used for? ____________________________

13. Is any part of the property used as a residence?
   ( ) Yes. Please respond to A-D below.
   ( ) No.
   A. Who uses the property as their residence?
   ____________________________
   B. Resident(s) connection with the organization.
   ____________________________
   C. Duties of the resident(s) in connection with the property.
   ____________________________
   D. Schedule of rents charged or financial arrangements for residency.
   ____________________________

14. Do you charge a fee for any of the services you provide?
   ( ) Yes. Please respond to A-D below.
   ( ) No.
   A. Provide your fee schedule including any discounts or sliding scales.
   B. Provide a copy of your policy that is used to determine who receives services at a reduced rate.
   C. What percentage of your services are provided to those who cannot personally pay? ________%
   D. What percentage of your expenses are attributed to your charity/indigent services? ________%

15. Does your organization deny services or turn away anyone?
   ( ) Yes. Provide the circumstances that determine the denial of services.
   ( ) No.
16. Please provide all documents listed below, that apply to the applicants’ organization.

A. Articles of Incorporation and all amendments.
B. Missouri non-profit corporation status from the Secretary of State.
C. Tax-exempt determination by the IRS.
D. The organization’s constitution, regulations, or by-laws and all amendments.
E. A current list of all officers, directors, trustees, etc. of the organization.
F. The applicant’s income and expense statement for the two most recent tax years. (If applicant is LLC, also supply member’s most recently completed 990’s)
G. Your current operating agreement. (This is only for LLCs.)

COMPLETE AND RETURN TO:

Assessment@jacksongov.org
OR
ASSESSMENT DEPARTMENT
ATTN: EXEMPTIONS
415 EAST 12th STREET
KANSAS CITY, MISSOURI 64106-2752

REFERENCE FOR EXEMPTIONS: SECTION 137.100 AND 137.101, RSMO. ARTICLE X, SECTION 6, MO CONST. AND APPLICABLE CASE LAW.

The undersigned declares that all of the statements and representations in this application are within their personal knowledge and are true.

Note: Pursuant to state statute 575.050 and 575.060 RSMO, making a false affidavit or a false declaration is a misdemeanor and subject to criminal punishment.

Applicant or representative (printed): __________________________
Applicant or representative signature: ________________________ Date: ___________
Title: _______________________________________________________
Rev. 9/2018
LIST ALL VEHICLES OWNED AND RETURN WITH APPLICATION

ONLY VEHICLES DEDICATED TO YOUR NONPROFIT USE MAY QUALIFY FOR TAX EXEMPTION

<table>
<thead>
<tr>
<th>AUTOMOBILES</th>
<th>Make</th>
<th>Model</th>
<th>Series</th>
<th>Year</th>
<th>VIN#</th>
<th>Name on Title</th>
<th>Date Acquired</th>
<th>Use of Vehicle</th>
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Trucks

|             |      |       |        |      |      |               |               |               |
|             |      |       |        |      |      |               |               |               |

Trailers

|             |      |       |        |      |      |               |               |               |
### EXEMPTION REQUEST FORM

**Principal Driver Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Position with business</th>
<th>% of personal use</th>
<th>Address where vehicle is parked</th>
<th># of miles reported to IRS</th>
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**NAME OF ORGANIZATION:**

**ACT.# (IF ASSIGNED)**

**ADDRESS:**

City, State, Zip:
### LEASED EQUIPMENT

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF LESSOR</th>
<th>QUALITY &amp; DESCRIPTION</th>
<th>DATE OF ACQUISITION</th>
<th>TERM OF LEASE</th>
<th>YOUR COST PER MONTH</th>
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Please note: RSMO 137.122 provides for assessment of Business Personal Property (as defined in RSMO 137.122.1(1)) placed in service after January 1, 2006 using specific rates of depreciation and class life and recovery periods in IRS MACRS (Modified Accelerated Cost Recovery System) tables. The MACRS tables described in RSMO 137.122 are reflected below. If you are unsure what recovery period applies to your property please consult your tax professional or the IRS MACRS tables, which can be found at www.irs.gov. The property can be listed net of any sales tax, installation or freight.

### 7 YEAR MACR
- Includes, but is not limited to, furniture, fixtures and equipment, certain machinery and equipment and certain communications equipment

<table>
<thead>
<tr>
<th>Year of Acquisition</th>
<th>Cost at 100% of Purchase Price</th>
<th>% of Good Factor</th>
<th>Assessed Value</th>
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<tbody>
<tr>
<td>2018</td>
<td></td>
<td>89.29% x 33.33%</td>
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<tr>
<td>2017</td>
<td></td>
<td>70.16% x 33.33%</td>
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<tr>
<td>2016</td>
<td></td>
<td>55.13% x 33.33%</td>
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<tr>
<td>2015</td>
<td></td>
<td>42.88% x 33.33%</td>
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<tr>
<td>2014</td>
<td></td>
<td>30.63% x 33.33%</td>
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<tr>
<td>2013</td>
<td></td>
<td>18.38% x 33.33%</td>
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<tr>
<td>2012 and prior</td>
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<td>10.00% x 33.33%</td>
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<tr>
<td>Totals</td>
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### 5 YEAR MACR
- Includes, but is not limited to, certain information systems and data handling equipment (such as computers, calculators, duplicating equipment), certain telecommunications equipment and certain assets used in construction

<table>
<thead>
<tr>
<th>Year of Acquisition</th>
<th>Cost at 100% of Purchase Price</th>
<th>% of Good Factor</th>
<th>Assessed Value</th>
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<tbody>
<tr>
<td>2018</td>
<td></td>
<td>85.00% x 33.33%</td>
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<tr>
<td>2017</td>
<td></td>
<td>59.50% x 33.33%</td>
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<td>2016</td>
<td></td>
<td>41.65% x 33.33%</td>
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<td>2015</td>
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<td>24.99% x 33.33%</td>
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<td>2014 and prior</td>
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<td>10.00% x 33.33%</td>
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<td>Totals</td>
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</table>

### 3 YEAR MACR
- Includes, but is not limited to, certain special tools and devices

<table>
<thead>
<tr>
<th>Year of Acquisition</th>
<th>Cost at 100% of Purchase Price</th>
<th>% of Good Factor</th>
<th>Assessed Value</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
<td>75.00% x 33.33%</td>
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<tr>
<td>2017</td>
<td></td>
<td>37.50% x 33.33%</td>
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<td>2016 and prior</td>
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<td>12.50% x 33.33%</td>
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<tr>
<td>Totals</td>
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Please include any 10, 15 or 20 year MACR on a separate sheet of paper.