



**2023 Application for Real Property Tax Exemption  
– Jackson County, Missouri –**

Name of the Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Situs Address (physical location of property):  
\_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

3. Is the organization that is applying for this exemption the legal deed holder?  
 Yes.  
 No, the legal deed holder is: \_\_\_\_\_

4. For what activities is the property used? (Be detailed and specific as to the **activities and use of this property only**. Do not give broad conclusions, such as “charitable”, “worship” or “public use”). Attach additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. On what date did this use begin (listed in 6. below)? \_\_\_\_\_

6. What is the contemplated future use of the property? \_\_\_\_\_  
\_\_\_\_\_



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7. Is the owner or applicant an L.L.C.?

No. Please respond to A-D below.

Yes.

A. Provide a list of your members.

B. Are all LLC members' non-profit organizations?  Yes  No

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

8. Who are the people benefiting from or served by the use of the property? \_\_\_\_\_  
\_\_\_\_\_

9. Does the property generate any income (*other than donations*)?

No.

Yes. Please respond to A & B below.

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? \_\_\_\_\_

10. Is there any other organization or business using this property?

No.

Yes. Please give details on a separate sheet of paper including who uses the property and for what purpose.

11. Is any part of the property used as a residence?

No.

Yes. Please respond to A-D below.

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.  
\_\_\_\_\_



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12. 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 percentages of your services are provided to those who cannot personally pay? \_\_\_\_\_%

D. What percentages of your expenses are attributed to your charity/indigent services? \_\_\_\_\_%

13. Does your organization deny services or turn away anyone?

No.

Yes. Provide the circumstances that determine the denial of services on a separate paper.

14. 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.

G. Documentation supporting the use of the property as of January 1 of the current year.

H. A copy of advertisements, brochures, postings or other notifications of activities benefitting the community at large or to those receiving indigent services.

I. Supporting documentation that the applicant's contributions received are tax deductible.

\*\*\*If the applicant is an LLC please contact us for additional required documents\*\*\*



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COMPLETE AND RETURN TO:

[Assessment@jacksongov.org](mailto:Assessment@jacksongov.org)

**OR**

ASSESSMENT DEPARTMENT  
ATTN: EXEMPTIONS  
415 EAST 12<sup>th</sup> 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: \_\_\_\_\_

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