

Nebraska Advantage Rural Development Act Application

for Livestock Modernization Projects

LM

Name and Location Address			Name and Mailing Address		
(Print Clearly)	Legal Name of Applicant		Name		
	Street Address (Do not use P.O. Box)		Street or Other Mailing Address		
	City	State	Zip Code	City	State

1 A Attach check for \$500 application fee.

B Employee Verification

a Will the applicant have any employees at the Livestock Modernization project? ☐ YES ☐ NO

i If the answer is YES, complete all employee verification questions.

ii If the answer is NO, go to question 2.

b Is the taxpayer registered for E-Verify, the federal electronic verification program used to confirm whether employees are authorized to work in the United States? ☐ YES ☐ NO

c If YES, do you agree to timely use E-Verify for employees hired in Nebraska after the date of application? ☐ YES ☐ NO

d If the answer to question 1B(b) or 1B(c) is NO, do not complete the rest of the application, because you are not eligible to apply for this Nebraska tax incentive program.

e Print out the "Company Information" page from the E-Verify program and include it as an attachment.

f Enter E-Verify ID# _____

2 Exact name of applicant and any other entities, including disregarded entities, to be part of the project

A	Entity Name	Entity Type	FEIN	NE Income Tax ID No.
1				
2				
3				
4				

(If you need more space, attach a schedule)

B If any entity in 2A is not included on the Affiliations Schedule, Form 851 providing an attachment explaining how the entities are related to each other.

C What is the applicant's tax year end? _____ If this does not agree with the most recent filed tax return, provide an explanation, below.

3 Describe the applicant's business

A Narrative:

B Federal Principal Business Activity Code _____

Federal Business Activity Title _____

C Qualifying business activity (check the applicable boxes for the project):

☐ Livestock housing, confinement, feeding, production, or waste management

☐ Commercial production of dairy and eggs

4 Project definition

A Project locations

	Address (Street, City)	County
1		
2		
3		
4		
5		

For DOR Use Only

	Complete	Incomplete
1A		
1B		
2A		
2B		
2C		
3A		
3B		
3C		
4A		

1A

1B

2A

2B

2C

3A

3B

3C

4A

Application (continued)

For DOR Use Only

Complete Incomplete

B Explanation of how the applicant intends to achieve the expected increase in 4Ca:

4B

C Expected Benefits (see [Calculation Tips](#))

Attach a copy of completed Worksheet LM. The total estimated credits cannot exceed \$500,000.

Investment

a Expected investment increase _____

b Expected investment credits _____

4C

5 Indicate the ID number under which the most recent Nebraska income tax return was filed _____.
(if not licensed, attach a copy of the Nebraska Tax Application, Form 20):

Are all entities listed in item 2 on page 1 included in one unitary NE tax return? ☐ YES ☐ NO

If No, explain why: _____

Explain any difference between taxable income per the federal return and the amount reported to Nebraska:

5

6 Indicate the ID number under which the most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N was filed _____. If not licensed, enter "not licensed."

6

7 Enter the Nebraska sales and use ID number for each entity listed in item 2 on page 1. If not licensed, enter "not licensed."

7

Entity Name	Sales/Use Tax ID No.
1	
2	
3	
4	

(If you need more space, attach a schedule)

Email Address. I acknowledge that if an email address is listed and I did not check the "Opt-Out" box, I am allowing DOR to contact me by email. DOR will send all confidential information by secure email or State of Nebraska secure file sharing system. If you do not wish to exchange confidential information by email, check the box labeled "Opt-Out" on the line labeled "email address."

Authorized Signature. This application must be signed by the applicant, or an individual authorized to sign for the applicant by a power of attorney. Attach a copy of a completed Power of Attorney, Form 33.

**sign
here**

Authorized Signature

Date

Print Authorized Person's Name

Title

()
Phone Number

Authorized Person's Email Address

☐ Opt-Out

Street or Other Mailing Address

City, State, Zip Code

Contact Person (If different than Authorized Person)

()
Phone Number

Contact Person's Email Address

☐ Opt-Out

Contact Person's Street or Other Mailing Address

Contact Person's City, State, Zip Code

Mail this application and payment (checks payable to "Nebraska Department of Revenue") to:
Nebraska Department of Revenue, 301 Centennial Mall South, PO Box 98944, Lincoln NE 68509-8944

This application may also be submitted via the DOR's file link [here](#).