NEBRASKA Nebraska Advantage Rural Development Act Application

Good Life. Great Service. DEPARTMENT OF REVENUE

for Livestock Modernization Projects

	Name and Location Address Legal Name of Applicant			Name and Mailing Address Name					
(Print Clearly)									
t Clea	Street Address (Do not use P.O. Box)			Street or Other Mailing Address					
Print	City State Zip Code			City State Zip Code					
_									
						For DOR Us	Incomplete		
1	Α	Attach check for \$500 application fe	e.			1A			
	В								
		a Will the applicant have any emp)						
		i If the answer is YES, compii If the answer is NO, go to one							
		b Is the taxpayer registered for E-	Verify, the federal electron	nic verification	program				
		used to confirm whether employ c If YES, do you agree to timely u							
		the date of application?	YES NC						
		d If the answer to question 1B(b) application, because you are no	or 1B(c) is NO, do not con	nplete the rest	t of the				
		e Print out the "Company Informa							
		f Enter E-Verify ID#		71 - 3					
2	Exa	act name of applicant and any other e	ntities, including disregard	ded entities, to	be part of the project				
	Α	Entity Name	Entity Type	FEIN	NE Income Tax ID No.	2A	1		
	-	1							
	-	3							
	-	4							
	-	(If you need more space, attach a schedule)							
	В	If any entity in 2A is not included on	the Affiliations Schedule,	Form 851 prov	vide an attachment explaining	2B	3		
		how the entities are related to each	other.						
	С	What is the applicant's tax year end tax return, provide an explanation, b		loes not agree	with the most recent filed	2C	;		
		tax return, provide an explanation, b	elow.						
3	De	scribe the applicant's business							
	Α	Narrative:				3 A	1		
	_					_			
	В	Federal Principal Business Activity (Federal Business Activity Title				3B	i		
	С	Qualifying business activity (check t				3C			
	•	Livestock housing, confinement			ment	30			
	☐ Commercial production of dairy and eggs								
4	Pro	ect definition							
	Α	Project locations				4A			
		Address (Street, C	Eity)		County				
	-	2							
	-	3							
	-	4							
		5						1	

	(continued)				For DOR U	
B Explanation of how the applicant intends to achiev	explanation of how the applicant intends to achieve the expected increase in 4Ca:					Incomplet
C Expected Benefits (see <u>Calculation Tips</u>) Attach a copy of completed Worksheet LM exceed \$500,000. Investment	annot	4C				
a Expected investment increaseb Expected investment credits						
Indicate the ID number under which the most recent No (if not licensed, attach a copy of the Nebraska Tax App) Are all entities listed in item 2 on page 1 included If No, explain why: Explain any difference between taxable income per to Nebraska:	5					
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." Enter the Nebraska sales and use ID number for each entity listed in item 2 on page 1. If not licensed, enter "not licensed."						
Entity Name 1 2 3 4	Sales/U	se Tax ID No.] - - -			
(If you need more space, attach a schedule)						
Email Address. I acknowledge that if an email address me by email. DOR will send all confidential information ot wish to exchange confidential information by ema Authorized Signature. This application must be sign power of attorney. Attach a copy of a completed Power	on by secure email il, check the box la ned by the applican	or State of Ne beled "Opt-Ou t, or an individ	ebraska secure file shar t" on the line labeled "e	ring sy mail a	stem. If yo ddress."	u do
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Email Address. I acknowledge that if an email address me by email. DOR will send all confidential information of wish to exchange confidential information by ema Authorized Signature. This application must be sign power of attorney. Attach a copy of a completed Power Sign Authorized Signature	on by secure email cil, check the box late the down the applicant of Attorney, Form Date	or State of Nobeled "Opt-Out, or an individual 33. Print Auth Authorize	ebraska secure file shai t" on the line labeled "ei dual authorized to sign norized Person's Name	ring sy mail a	stem. If yo ddress."	u do
Email Address. I acknowledge that if an email address me by email. DOR will send all confidential information not wish to exchange confidential information by ema Authorized Signature. This application must be sign power of attorney. Attach a copy of a completed Power Signature Authorized Signature Title	on by secure email cil, check the box late the down the applicant of Attorney, Form Date	or State of Nobeled "Opt-Out, or an individual 33. Print Authorize City, State	ebraska secure file shait" on the line labeled "eidual authorized to sign norized Person's Name	ring sy mail a	stem. If yo ddress."	by a

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