

Nebraska Advantage Rural Development Act Application

for Livestock Modernization Projects

	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 Zip Code

		For Revenue Use Only																					
		Complete	Incomplete																				
1	A Attach check for \$500 application fee.	1A																					
	B Employee Verification a Will the applicant have any employees at the Livestock Modernization project? <input type="checkbox"/> YES <input type="checkbox"/> NO i If the answer is YES, complete all employee verification questions. ii If the answer is NO, continue with 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? <input type="checkbox"/> YES <input type="checkbox"/> NO c If YES, do you agree to timely use E-Verify for employees hired in Nebraska after the date of application? <input type="checkbox"/> YES <input type="checkbox"/> 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.	1B																					
	2 Exact name of applicant and any other entities, including disregarded entities, to be part of the project A <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;">1</th> <th style="width: 35%;">Entity Name</th> <th style="width: 20%;">Entity Type</th> <th style="width: 20%;">FEIN</th> <th style="width: 20%;">NE Income Tax ID No.</th> </tr> </thead> <tbody> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> (If you need more space, attach a schedule) B If each entity in 2A is not included on the Affiliations Schedule, Form 851 (attached as part of item 8) provide an explanation of how the entities are related to each other. C What is the applicant's tax year end? _____ If this does not agree with the copy of the tax return provided in item 8 below, provide an explanation.	1	Entity Name	Entity Type	FEIN	NE Income Tax ID No.	2					3					4					2A	
1	Entity Name	Entity Type	FEIN	NE Income Tax ID No.																			
2																							
3																							
4																							
		2B																					
		2C																					
	3 Describe the applicant's business A Narrative	3A																					
	B Federal Principal Business Activity Code _____ Federal Business Activity Title _____	3B																					
	C Qualifying business activity (check the applicable boxes for the project): <input type="checkbox"/> Livestock housing, confinement, feeding, production, or waste management <input type="checkbox"/> Commercial production of dairy and eggs	3C																					
	4 Project definition A Project locations	4A																					
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2																							
3																							
4																							
5																							

Application (continued)

For Revenue Use Only

B Explanation of how the applicant intends to satisfy the chosen levels:

4B	Complete	Incomplete

C Expected Benefits (see [Calculation Tips](#))
Attach a copy of completed Worksheet LM. The total estimated credits cannot exceed \$150,000.

Investment

- a** Expected investment increase _____
- b** Expected investment credits _____

4C	Complete	Incomplete

If items 5, 6, 7, or 8 are not available, indicate why each requested document is not available. If a reorganization occurred since the previous tax year, provide copies of the documents for the previous entities and a written explanation.

- 5** Attach a copy of most recent audited financial statements, including opinion letter.
 Check this box if audited statements are not available and attach unaudited financial statements.
- 6** Enclose a copy of most recent federal income tax filing. Include a copy of the first 5 pages, schedules supporting the first 5 pages, Affiliations Schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions, etc. (Schedule K-1). If the applicant is a sole proprietorship, provide a copy of the Profit or Loss from Business (Schedule C) or the Profit or Loss from Farming (Schedule F).
- 7** Enclose a copy of most recent Nebraska income tax return.
 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: _____
- 8** Enclose a copy of most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N.
- 9** Enter the Nebraska sales and use tax number for each entity listed in item 2 on page 1 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20, and proof of the date submitted):

5	Complete	Incomplete
6	Complete	Incomplete
7	Complete	Incomplete
8	Complete	Incomplete
9	Complete	Incomplete

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

(If you need more space, attach a schedule)

Email. If you allow the Department to contact you by email, you accept any risk of loss of confidentiality associated with this method of communication.

Authorized Signature. This application must be signed by the owner/taxpayer, partner, member, corporate officer, or other individual authorized to sign by a power of attorney on file with the Department.

sign here	_____	_____	_____
	Authorized Signature	Phone Number	Please print your name
	_____	_____	_____
	Title (See Instructions)		Email Address
	_____	_____	_____
	Street or Other Mailing Address		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