



**2020 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. Under what arrangement does the applicant use the Property? _____

Attach copies of all agreements or leases

5. 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.



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6. On what date did this use begin (listed in 6. above)? _____

7. What is the contemplated future use of the property? _____

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? _____

12. Is there any other organization or business using this property?
 Yes. Please give details on a separate sheet of paper including who uses the property
and for what purpose.
 No.

13. Is any part of the property used as a residence?
 Yes. Please respond to A-D below.
 No.



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

H. Your current operating agreement. *(This is only for LLCs.)*

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

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



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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: _____

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