

Name of the Organization:		
D.B.A (if different from co	prporate name)	
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Office Phone:	Alternate Phone	:
E-mail Address:		
Situs Address (physical loc	eation of property):	
Parcel (Account) Number:		
Date your Organization be	gan activities at this location?	
1. Type of organization (e.	g., church, school, civic, medical, fr	aternal, educational, etc.)
2. Is the organization exem	pt from state and federal income tax code 501(c)	
() Yes,	wn the real estate where you operate e a real estate exemption with Jackso No	
() No, the legal de Under what	ed holder is:arrangement does the applicant use	the Property?



4. List the furniture, fixtures and equipment which desks, computers, sound systems, chairs, etc.	n you own on attachment C: This would be
5. Are you requesting an exemption on vehicles?() Yes. Complete attachment A, and supp() No	ly the title or registration for the vehicles
6. Does your organization lease any property?() Yes, complete attachment "B"() No	
7. How is the business personal property, listed in organization? (Be detailed and specific as to the conclusions, such as "charitable", "worship" or necessary.	e activities and use. Do not give broad
 8. Is the 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 or. Does the State and Federal Government disregarded entity? () Yes () No D. Does the LLC file federal tax form in the control of the properties. 	nent consider the owner/applicant a
9. Who are the people benefiting from or served b	y the use of the property?
 10. Does the property generate any income (other () Yes. Please respond to A & B below. () No. A. From what source is the income generate provide leases or agreements from the property of the property	nerated (e.g. rentals, leases, fees for services)?
B. What is the income used for?	



1. 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	ng scales.
B. Provide a copy of your policy that is used to determine wh reduced rate.	o receives services at a
C. What percentage of your services are provided to those whe pay?%	o cannot personally
D. What percentage of your expenses are attributed to your change of your expenses are attributed to your expe	narity/indigent services?
12. Does your organization deny services or turn away anyone?	
() Yes. Provide the circumstances that determine the denial of se	rvices.
() No.	

- 13. 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 the organization is an LLC please contact us for additional required documents***



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 statem within their personal ki	1				
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:					
Rev. 9/2018					

"A"	LIST ALL VEHICLES OWNED AND RETURN WITH APPLICATION						CATION
ONLY VEHICLES DEDICATED TO YOUR NONPROFIT USE MAY QUALIFY FOR TAX EXEMPTION							
AUTOMOBILES							
Make	Model	Series	Year	VIN#	Name on Title	Date Acquired	Use of Vehicle
Trucks							
Trailers							



"A"				EXE	MPTION REQUEST FORM
Principal Driver Information					
Name	Home Address	Position with business	% of personal use	Address where vehicle is parked	# of miles reported to IRS



"B" ATTACHMENT LEASED EQUIPMENT NAME & ADDRESS OF **QUALITY & TERM OF YOUR COST PER DATE OF ACQUISITION DESCRIPTION LEASE LESSOR MONTH**

Please note: RSMO 137.122 provides for assessment of Business Personal Property (as defined in RSMO 137.122.1(1)) placed in service after January 1, 2006 using specific rates of depreciation and class life and recovery periods in IRS MACRS (**Modified Accelerated Cost Recovery System**) tables. The MACRS tables described in RSMO 137.122 are reflected below. If you are unsure what recovery period applies to your property please consult your tax professional or the IRS MACRS tables, which can be found at www.irs.gov. The property can be listed net of any sales tax, installation or freight.

7 YEAR MACRS –Includes, but is not limited to, furniture , fixtures and equipment,						
·	certain machinery and equipment and certain communications equipment.					
Year of	Cost at 100% of purchase	% of good factor	Assessed value			
acquisition	price	% of good factor	Assessed value			
2022		89.29% x 33.33%				
2021		70.16% x 33.33%				
2020		55.13% x 33.33%				
2019		42.88% x 33.33%				
2018		30.63% x 33.33%				
2017		18.38% x 33.33%				
2016 and prior		10.00% x 33.33%				
Totals						
5 YEAR MACRS	- Includes, but is not limited	to, certain information sy	ystems and data handling			
	s computers, calculators, du					
	tain assets used in construction					
Year of	Cost at 100% of purchase	Of of good footon	Assessed value			
acquisition	price	% of good factor	Assessed value			
2022		85.00% x 33.33%				
2021		59.50% x 33.33%				
2020		41.65% x 33.33%				
2019		24.99% x 33.33%				
2018 and prior		10.00% x 33.33%				
Totals						
3 YEAR MACRS – Includes, but is not limited to, certain special tools and devices.						
Year of	Cost at 100% of purchase	Of of and foot -	A seese and realise			
acquisition	price	% of good factor	Assessed value			
2022		75.00% x 33.33%				
2021		37.50% x 33.33%				
2020 and prior		12.50% x 33.33%				
Totals						
Please include any 10, 15 or 20 year MACRS on a separate sheet of paper.						

^{*}Items that should be declared on the MACRS tables include but are not limited to*

- ✓ Desks
- ✓ Filing cabinets
- ✓ Tables and chairs
- ✓ Computers/laptops and printers
- ✓ Telephones (landline and cell)
- ✓ Sound equipment
- ✓ Playground equipment