## EXHIBIT W – IRS FIRST YEAR CREDIT PERIOD CERTIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| Property Name:  |  |  Property Number: |  |
| Property Address:  |       | Date: |       |
|  |  |  |  |
|  |  |  |  | **Please Return Form To:** |
|  |  **MISSOURI HOUSING DEVELOPMENT COMMISSION** |  |  |  |
|  |  |  | Attn:  | Compliance/Asset Management |
|  |  |  | Addr:  | 505 N. 7th Street, 20th Floor, Suite 2000 |
|  |  |  |   | St. Louis, MO 63101 |
|  |  |  | Phone:  | 314-877-1350 |

## *THIS SECTION MUST BE COMPLETED BY THE GENERAL PARTNER/OWNER*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]   |  I, |  **,** |  certify that the attached IRS form 8609 and  |   |
|  | Schedule “A” were filed with my |  |  tax return. |  |
| (Year) |  |
| [ ]  |  In the event that the 8609 and Schedule “A” are not attached, I, |  |  |
|  |  certify that the first year credit was filed with the  |  |  tax return. |  |
|  | (Year) |
| [ ]  We are not the original owner/entity and do not have access to the 1st year completed 8609’s, we purchased the property on \_\_\_\_\_\_\_\_\_\_\_\_\_ .  (Date) |
| **Complete the following information:** |  |
| Date building(s) placed in service (if different PIS dates for multiple buildings, attach building breakdown): |  |
| Are all buildings being treated as part of a multiple building project for the purpose of section 42: |  [ ]  Yes [ ]  No |
| Elect to begin credit period the first year after the building is placed in service: |  [ ]  Yes [ ]  No |
|  General Partner/Owner : |  |
|  |  |
|  Address: |  |
|  |  |
|  |  |
|  |  |
|  Tax Identification Number: |  |

By signing below, I swear/affirm that the above information/certification is true.

|  |  |
| --- | --- |
| General Partner/Owner Signature: |  |

STATE OF MISSOURI                               )

                                                             )ss.

County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     )

The foregoing instrument was acknowledge before me this \_\_\_ of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner(s) Name

       Owner(s) Entity

 My commission expires: \_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                                  Notary Public