## 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