

MISSOURI DEPARTMENT OF TRANSPORTATION  
RIGHT OF WAY DIVISION

**BUSINESS OR FARM OPERATION FIXED-PAYMENT CLAIM**

			JOB NUMBER	
COUNTY	ROUTE	PARCEL	FEDERAL NUMBER	
RELOCATEE(S)			DATE OF CLAIM	
TYPE PROPERTY INVOLVED (SUBJECT) <input type="checkbox"/> BUSINESS <input type="checkbox"/> FARM OPERATION		DISPLACEMENT <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL		
ADDRESS OR LOCATION AT TIME OF DISPLACEMENT			DATE SITE OCCUPIED	
DATE ESTABLISHED	Was subject business or farm operation conducted at other address or location within two-year period prior to year displacement occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REAL PROPERTY FROM WHICH DISPLACED <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		IF RENTED, LANDLORD'S NAME		
LANDLORD'S ADDRESS		IF BUSINESS, GIVE NAME OF FIRM		
TYPE OF BUSINESS CONDUCTED	IF FARM OPERATION, DEFINE TYPE OF FARMING OPERATION			
WAS BUSINESS OR FARM OPERATION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	BUSINESS OR FARM IS BEING <input type="checkbox"/> CONTINUED <input type="checkbox"/> TERMINATED	IF CONTINUED, GIVE NEW ADDRESS OR LOCATION		
APPROXIMATE MILES MOVED	NEW TELEPHONE NUMBER	DATE NEW SITE OCCUPIED	REPLACEMENT SITE <input type="checkbox"/> PURCHASED <input type="checkbox"/> RENTED	
<b>USE THIS SPACE IF FULL TWO-YEAR PERIOD WAS USED IN COMPUTING PAYMENT *</b>				
Total Net Earnings for Year Immediately Preceding Year in Which Business or Farm was Displaced (Full 12 Months) Calendar Year		FY	\$	
Total Net Earnings for Second Year Prior to Year in Which Business or Farm was Displaced (Full 12 Months) Calendar Year		FY	\$	
Total Net Income for Two-Year Period		\$		
Total Net Income for Two-Year Period =		divided by 2 = \$		Average Net Earnings
Amount Claimed is \$ (Maximum \$20,000, Minimum \$1,000) Copies of Acceptable Documentation Must be Attached				
<b>USE THIS SPACE IF LESS THAN TWO FULL YEAR PERIOD WAS USED IN COMPUTING PAYMENT *</b>				
Total Net Earnings for	Months During Calendar Year	FY	\$	
Total Net Earnings for	Months During Calendar Year	FY	\$	
Total Months Involved	Total Net Income For This Period		\$	
Total Net Income \$	÷ Months in Operation	= \$	X 12 = \$	Average Net Income
Amount Claimed is \$ (Maximum \$20,000, Minimum \$1,000) Copies of Acceptable Documentation Must be Attached				
DATE THAT BUSINESS OR FARM OPERATION WAS REQUIRED TO VACATE BY STATE _____				
IF R/W PARCEL VACATED PRIOR TO STATE'S VACANCY DEADLINE, SHOW ACTUAL DATE VACATED _____				
<p><b>Applicable to Displaced Business Only:</b> I/We certify the above business cannot be relocated without a substantial loss of its existing patronage. I/We further certify the business is not part of a commercial enterprise having more than three other establishments which are not being acquired by the State or the United States and which is engaged in the same or similar business.</p> <p><b>Applicable to Displaced Farm Operation Only (Total Acquisition):</b> I/We certify the above farm operation has been completely discontinued and/or removed from the subject location. <b>(Partial Acquisition):</b> I/We certify any farm operation now being conducted on the portion of the subject property remaining after the highway acquisition is substantially different from the farm operation that existed prior to the acquisition.</p> <p><b>Applicable to Both:</b> I/We certify no moving cost claim has been or will be filed for the cost of moving the personal property used in the operation of the above business or farm operation. I/We further certify the subject business or farm operation contributed materially to my/our total net income. I/We further certify the entire period in which my/our business or farm operation was in existence (up to two full taxable years), prior to the taxable year in which the displacement occurred has been included in the above computations. The undersigned further certifies under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, this claim and information submitted herewith have been examined by us and are true, correct and complete, and I/we understand apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim.</p> <p>The undersigned certifies to being a U.S. citizen or an alien that is lawfully present in the U.S.</p>				
SIGNATURE (S)				DATE

**TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION**

PAYABLE TO

AMOUNT  
\$

**TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT**

**TO BE COMPLETED BY THE BBS DIVISION**

LINE	FIXED ASSET	QUANTITY	FUND	AGENCY	ORG.	APPR. UNIT
01						
02						
LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT	
01						
02						
LINE	PROJECT/JOB NO. REPORTING CATEGORY	COMMODITY CODE				
01						
02						

- Name of Payee is same as on document
- Distribution on code block is correct
- Document is certified
- Amount is same as on document
- Parcel number entered to PVQ document

CHECKED BY

**TO BE COMPLETED BY DISTRICT R/W UNIT**

- Copies of verified federal income tax returns - or other approved documentation - are in unit file
- Computations have been checked and are correct
- Explanation in unit file telling why business cannot be relocated (and, if applicable, why it cannot continue on remainder of partial taking) without a substantial loss of its average annual net earnings. Business or farm operation meets material contribution requirements under 3-point contribution test
- I concur, and documentation supports the fact, that it was necessary to discontinue or substantially change the farm operation after the taking (if applicable)
- Income tax returns - or other approved documentation - prove claim amount to be correct (amounts compatible with claim)
- Claim submitted within required eighteen month time limit

Relocatee occupied subject at:  initiation of negotiations  time property was acquired  both

Comments:

The total sum of \$ \_\_\_\_\_ is approved for payment under this claim.  
 I certify the above information has been checked against this district's records and it is a just and correct payment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim.

SIGNATURE	TITLE	DATE
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THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

SIGNATURE	TITLE	DATE
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I CONCUR	DISTRICT R/W MANAGER	DATE
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