3	REVENUE Form		Depart (MM/D	ment Use On	ly					
-[MO-AIM Port Authority AIM Zone				deportin	ng Period)				
Miss Num	ouri Tax I.D.		ederal Employer D. Number							
	Name		Port Authority							
Business	Owner Name		AIM Zone							
Bu	City State	ZIP Code	Business	s Phone Numb	per		— 1 Г		 T	
	Advanced Industrial Manufacturing Zone Act requires the Dep		•	50 percent of	the witl	hholdings	on ne	w jobs	s creat	ed withi
Your	n MO-AIM must be submitted using the same frequency that completed Form MO-941 or proof of filing for electronic filers gures on the Form MO-AIM must be rounded to the nearest d	s must accor	npany this form.			,		,	ssina.	
2. Ei 3. Ei (F 4. Fi	nter the total amount of state withholding tax for the period as of the total number of New Jobs created in an AIM Zone as definiter the total amount of state withholding tax submitted for the elease attach a wage listing -see "sample form" attached.) If the percent of state withholding tax of new jobs created within tered on Line 3 by 50% to arrive at the amount of withholding tax of the amou	fined by Secte qualifying p	ion 68.075, RSMo persons employed e will be placed in	o. in the Port A nto the Port A	uthority	y AIM Zor	ne Fur			amount
•	ortant: Submit Form MO-AIM at the same filing frequency and at the monthly filer of Form MO-941, you must also complete Form			red to submit	Form	MO-941.	For e	xample	e, if yo	u are a
ing	Calculate Amount of Withholdings to be placed in Port Au	thority AIM 2	Zone Fund							
thhold	1. Enter total withholdings as reported on Form MO-941 f	or period								. 00
Calculate Amount of Withholding	2. Enter total number of New Jobs created in AIM Zone .									
late Amo	3. Enter total withholdings for qualifying New Jobs									. 00
Calcu	4. Enter amount to be placed into the Port Authority AIM	Zone Fund (e Fund (Multiply Line 3 by 50%)							. 00
a.	Under penalties of perjury, I declare that the above inform Signature Printed Name		ny attached supple	ement is true, Date (MM/D			orrec	t.		
2										

Phone Number

E-mail Address

Form MO-AIM Required Wage Listing

This is a "sample form" to include the type of information that should be submitted with each Form MO-AIM.

Please provide a wage listing for all new jobs created in the Port Authority AIM Zone. The information needed is the occupational title, number of jobs and the wage or salary paid per occupational title.

Job Title	Number of New Jobs	Wage or Salary	Job Title	Number of New Jobs	Wage or Salary

Mail to: Taxation Division P.O. Box 3375

Jefferson City, MO 65105-3375

Phone: (573) 751-5875 Fax: (573) 522-6816 TTY: (800) 735-2966



E-mail: withholdingproject@dor.mo.gov

Visit **dor.mo.gov/tax-credits/** for additional information.

Form MO-AIM (Revised 12-2021)

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.