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		23430/0	30123430/	03012343	02020123	430/0301234			343
04	2					Departmen			++-
05	Form		uri Departmen			(MM/DD/Y)			++-
06	MO-94	41 Emplo	oyer's Return	of Income T	axes Withhel	d			++-
07	-	5						Amended Return	++
08		~							
09							address or primary business locat nge Request ( <mark>Form 126</mark> ) and sub		++
10	Filing Freque	ency			complete the Regis		nge rrequest ( <u>rom rzo</u> ) and sub		
11	Missouri Tax			Federal Em	ployer		Reporting Period		
12	I.D. Number			I.D. Number	•		(MM/YY)		
13	Business								
14	Name								
15									
16	Address								
17									
18	City							State	
19									
20	ZIP		-						
21									
22									$\uparrow \uparrow$
23		Final Re	turn	1. Withh	olding this period		1	00	++
24	If this is		rn, enter the clo	se	ioiding this period			· · ·	++-
25	date below	w and check th	e reason for closi	ng 2. Comp			2	00	++
26	your acco			Z. Comp	ensation deduction				++-
27	Date Close						3	00	++-
28	(MM/DD/Y	Y)		3. Existi	ng credit(s) or ove	rpayment(s)			++
29								00	++-
30	Out	Of Business	Sold Busine	ss 4. Balan	ce due			. 00	++-
									++-
31			sional Employer	5. Additi	ons to tax (see ins	structions)		. 00	++
32	-	anization (PEC	)						++-
33	PEC	D Name		6. Intere	st (see instruction	s)		. 00	++
34									
35				7. Total	amount due (U. S	. Funds only) or overpa	id	. 00	
36									
37						Departme	ent Use Only	. 00	
38	Under	penalties of per	rjury, I declare that	the above inform	ation and any attac	ched supplement is true,	complete, and correct.		
39	ti t				-				
40	Signat	ture				Printed Name			
41	Signat					Date Signe	ed belle		
42	Title					(MM/DD/Y			
43									
44									
45									
46									
47		Vis	sit our website	at http://dor	.mo.gov/busi	iness/payonline.p	hp to e-file this return.		
48	E-filing p	rovides a fast	and secure way	for you to trar	smit vour retur	n and any applicable	e payment to the Departme	nt of Revenue. All	
49							fy that your filing has been		
40			ed to physically						
51									
52									+
53			See	e page 2 for i	nstructions on	completing Form	MO-941.		++
54									++
55									++
56			+++++++++++++++++++++++++++++++++++++++						++
57			+++++++++++++++++++++++++++++++++++++++						++
								Form MO-941 (Revised 04-2015)	++
58 59	Mail to:	Taxation Div	vision	Phon	<b>e:</b> (573) 751-87	750	For more information, v	isit <b>A</b>	++
		P.O. Box 99		Fax:	(573) 522-6816	http	://dor.mo.gov/business/		++
50		Jefferson C	it <mark>y, MO 65108-</mark> 0	999 E-ma	il: withholding	g@dor.mo.gov			++
61	+++++	+ + + + + + + + + + + + + + + + + + +	++++++++						++
62	++++++		++++++++						++
63	++++++	++++++	++++++++	┝┼┼┼┼┼┼	142070100				++
64	++++++	+ + + + + + + + + + + + + + + + + + +		┝┼┼┼┼┼┼	+ + + + + + + + + + + + + + + + + + +	++++++++			++
65	++++++	+++++++	-++++++++	┝┼┼┞┼┼┼	┼┼┼┼┼┼┼┤	++++++++++	+++++++++++++++++++++++++++++++++++++++	┼┼┼┼┼┼┼┼┼┼┼	++
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08	amount of tax liability reported. Visit http://dor.mo.gov/business/withhold to view the due dates in the Employer's Withholding	
09	Tax Guide.	
10		
11	error was caught after the original W-2 was submitted. Provide a copy of the payroll ledger if the error was caught before a W-2	
12	2 was issued. To correct withholding on a 1099-R submit a copy of the original 1099-R, and a copy of the corrected 1099-R to show	
13	3 the change in tax due.	
14	Note: If documentation is not provided for an amended return, no changes will be made.	
15		
16		
17	refund of the overpayment attach the Employer's Refund Request (Form 4854). If no form is attached, overpayment(s) generated	
18	will remain as credit(s) on the account. For additional information and to locate the refund request form visit the Online Credit Inquiry System at <a href="http://www.dor.mo.gov/business/creditinguiry/">http://www.dor.mo.gov/business/creditinguiry/</a>	
19		
20	Address Change Check Box — This box should be selected if you need to update or correct the address of your business. Please	
21	complete the Registration or Exemption Change Request (Form 126) and submit it with your return.	
22	2 Filing Frequency — This is the frequency in which you are required to file your returns.	
23	3Missouri Tax I.D. Number — An eight digit number issued by the Missouri Department of Revenue to identify your business. If	
24		
25		
26		
27		
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30	- Q <u>Reputing Period</u> — This is the tax period you are required to the based on your hing nequency. For due dates you may access	
31	Form 2414W at http://dor.mo.gov/forms/.	
32	Business Name, Address, City, State, and ZIP — Enter the name, address, city, state and ZIP code of your business.	
33		
34		
35	withholding during the reporting period enter zero.	
36		
37		
38		
39	Line 3	
40		
41		
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43		
44	Balance Due — Subtract Line 2 and Line 3, if applicable, from Line 1. Enter the difference on Line 4.	
45		
46	Line 5 Additions to Tax - Enter the total amount of additions on Line 5.	
47	Additions to rax - Enter the total amount of additions on Line 5. A. For failure to pay withholding tax by the due date – subtract Line 3, if applicable, from Line 1 and multiply the result by 5%; or	
48		
49		
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51		
52	Interest — Enter on Line 6. Divide the annual interest rate by 365 (366 for leap years) to obtain the daily interest rate. Then subtract Line 3 from Line 1 and multiply the result by the daily interest rate for each day late.	
53	* The annual interest rate is subject to change each year. Access the annual interest rate at http://dor.mo.gov/intrates.php.	
54		
55		
56	Total Amount Due or Overpaid — Add Lines 4, 5 and 6. An overpayment should reflect a negative figure.	
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