Missouri Department of Revenue
Quality Jobs Program Employers Withholding Report

Form **MO-QJP**

Department Use Only (MM/DD/YY)

Reporting Period (MM/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Business

Name	Owner Name
City	State	Zip Code

Form MO-QJP must be submitted using the same frequency that you file Employer's Return of Income Taxes Withheld (Form MO-941). For example, if you are a monthly filer for Form MO-941, you must also complete Form MO-QJP on a monthly basis. Even if you are allowed to retain 100% of your withholding tax you must still complete and submit Form MO-941 showing $0.00 tax withheld. Your completed Form MO-941 or proof of filing for electronic filers must accompany this form.

Important:
- Form MO-941 should be completed after you have determined the amount of withholding tax you are allowed to retain and should only contain the amount of withholding tax you are not allowed to retain.
- Compensation on Form MO-941, Line 2 may be taken only on the amount of withholding tax you are not allowed to retain.
- If you did not retain the correct amount of tax prior to filing your original Form MO-941, you must amend your filing with a new Form MO-941 before your Quality Jobs claim will be accepted.

Instructions

1. Enter the Department of Economic Development (DED) Project or Product Number assigned to each DED approved Quality Jobs Program jobs location and the facility address.
2. Enter the amount of withholding tax retained at each facility address for this reporting period. Use the back of this form.
3. In Box A, enter the sum of the withholding tax retained from all DED approved locations.
4. In Box B, enter the amount of withholding tax submitted on line one of Form MO-941 or the amount you electronically filed.
5. In Box C, enter the sum of Boxes A and B. This is the total amount of tax withheld from your employees.
6. Sign this form, print your name, include a phone number, and e-mail address where you can be reached.

Withholding Tax Retained

DED Project Or Product Number	Facility Address	Withholding Retained
DED Project Or Product Number	Facility Address	Withholding Retained $
DED Project Or Product Number	Facility Address	Withholding Retained $
DED Project Or Product Number	Facility Address	Withholding Retained $
DED Project Or Product Number	Facility Address	Withholding Retained $
DED Project Or Product Number	Facility Address	Withholding Retained $
Total amount retained for tax period.		A. $
Withholding tax liability from Line 1 of Form MO-941 (or amount electronically filed)		B. $
Total amount of withholding tax for tax period (sum of boxes A and B).		C. $

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature	E-mail Address
Printed Name	Phone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	Date (MM/DD/YYYY) ___ ___ / ___ ___ / ___ ___ ___ ___

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DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
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DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
		$
DED Project Or Product Number	Facility Address	Withholding Retained
		$
Total amount retained this page		$

Mail to: Taxation Division
P.O. Box 3375
Jefferson City, MO 65105-3375

Phone: (573) 751-5759
TTY: (800) 735-2966
Fax: (573) 522-6816
E-mail: withholdingproject@dor.mo.gov

Visit **http://dor.mo.gov/taxcredit/**
for additional information.

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