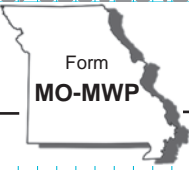


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MISSOURI DEPARTMENT OF
REVENUE
Missouri Works Program

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-MWP must be submitted using the same frequency that you file Employer's Return of Income Taxes Withheld, **(Form MO-941)**. Your completed Form MO-941 must accompany this form, unless electronically filed.

1. Enter the Department of Economic Development (DED) Project or Product Number assigned to each DED approved Missouri Works 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.

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.
- Submit Form MO-MWP at the same filing frequency and at the same time that you are required to submit Form MO-941. For example, if you are a monthly filer of Form MO-941, you must also complete Form MO-MWP 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.
- 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 Missouri Works claim will be accepted.

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
			\$
	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. \$

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) __/__/____

