



Missouri Quality Jobs Program
 Application to Retain Withholding Taxes

Section 620.1875 – 620.1890, RSMo

Name of Qualified Company				Federal ID No. (FEIN)	
Project Facility Address				Missouri Tax ID No.(MITS)	
City	County	MISSOURI	Zip Code		
Contact Information					
Business Contact Person			Title		
Address		City	State	Zip Code	
Telephone Number		Fax Number		E-mail	
Preparer Contact Person			Title		
Address		City	State	Zip Code	
Telephone Number		Fax Number		E-mail	
Type of Business:					
C Corp	S Corp	Non-Profit Corp	LLC	LLP	
Fiduciary		Sole Proprietor		Partnership	
Other: _____					
If the taxpayer is a Partnership, S Corporation, or other entity, which has a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each Beneficiary, Partner or Shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.					
Name(s)		Social Security Numbers		% Ownership at Year End	
				%	
				%	
				%	
Is the firm owned 51% or more by women?				Yes	No
List all other federal and state programs for which this facility is applying or is currently utilizing:					
Date of DED's Approval of the Notice of Intent:					
Date first new job was added:					
Job Threshold (circle one):					
Date Job Threshold was reached:					
		10	20	40	100
Current Full-time Employees at the Project Facility:					
Less Project Facility Base Employment per DED's Approval of the Notice of Intent :				-	
Add back any decrease in Full-time Employees at Related Facilities below the Related Facility Base Employment:				+	
Equals New Jobs					
Total Payroll of Current Full-time Employees at the Project Facility:				\$	
Less Payroll of Project Facility Base Employment (withholding tax must be remitted on this payroll):				-	
Add back any decrease in Full-time Payroll at Related Facilities below the Related Facility Base Payroll:				+	
Equals New Payroll					
Divided by number of New Jobs					
Equals Average Wage of New Payroll				\$	

Did the company add the 1 st new job within 12 months of the approval of the Notice of Intent?	Yes	No
Did the company meet the new job threshold within 2 years of the approval of the Notice of Intent (for small/expanding or technology projects) or within 2 years of hiring the first new job (for high impact projects)?	Yes	No
Does the company participate in an employee stock ownership plan?	Yes	No
Is the facility located in a disaster area (declared by the federal government) If yes, where? _____	Yes	No
Are full-time employees scheduled to work at least 35 hours a week working in the new jobs?	Yes	No
Was there a decrease in the number of full-time employees at any other related facilities or companies?	Yes	No
Is the company utilizing other state programs involving the retention of withholding tax? (TIF, New Jobs Training Program, MODESA or MORESA) If yes, which program and project? _____	Yes	No
Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due the state or federal government or any other political subdivision of this state?	Yes	No
Attach Department of Revenue (DOR) Tax Clearance. To obtain DOR tax clearance, submit Form 943 "Request for Tax Clearance" to DOR. Form 943 can be found on DOR's website at www.dor.mo.gov .		
Has the applicant filed for or publicly announced its intention to file for bankruptcy protection?	Yes	No
Does the company offer health insurance to all full-time employees at all facilities in Missouri?	Yes	No
Does the company pay at least 50% of the cost of such insurance premiums for all full-time employees at all facilities in Missouri?	Yes	No
Certification		
<ul style="list-style-type: none"> I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien. I certify that the applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide the Department of Economic Development access to documentation demonstrating compliance with this requirement. I understand that if the applicant is found to have employed an unauthorized alien, applicant may be subject to penalties pursuant to Sections 135.815, 285.025, and 285.535 RSMo. I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge. 		
Applicant Signature		Title
Print Name		Date
Notary Public Embosser Seal	On this _____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.	
	State of _____	County (or City of St. Louis)
	Notary Public Name _____	My Commission Expires _____
	Use Rubber Stamp in Area Below	
Notary Public Signature _____		

Mail all claims for tax benefits and all related inquiries to:

Finance Team

Missouri Department of Economic Development

301 W. High Street, Room 770

P.O. Box 118

Jefferson City, MO 65102

Effective August 28, 2005, and pursuant to Section 620.1900, RSMo, this tax credit program is subject to a fee of 2.5% of the amount of tax credits issued. Applicants will be invoiced for the fee after the tax credit application has been approved. Tax credits will be issued upon receipt of the fee. This fee applies to tax credits only, not retention of withholding taxes.

Notice: Tax credits may be claimed against taxes imposed by Chapters 143 (state income tax, excluding withholding tax) and 148 RSMo and may not be carried forward; but shall be claimed within one year of the close of the taxable year for which they were issued (additional language if passed).

The tax credits may be transferred, sold or assigned; or the company can receive a refund in the amount exceeding the company's income tax liability.

Current Employment Information

List all employees at the project facility, including base tax employment and new jobs.

This listing may be submitted in an Excel spreadsheet. Send electronically to dedfin@ded.mo.gov. Attach a copy to this application.

Name (Last, First)	Last 4 digits of SSN	Date Hired	Position or Job Title	Current Annual Wage or Salary	Average hours worked per week

New Payroll (sum of "Current Annual Wage or Salary" column for the new jobs)
 Divided by number of **New Jobs**
 Equals **Average Wage of New Payroll** (Should agree with Page 1. Explain any differences on a separate sheet.)

Taxpayer's or Designee's Signature	Title	Date
Preparer's Signature	Title	Date