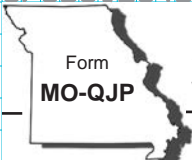


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Missouri Department of Revenue  
**Quality Jobs Program Employers**  
**Withholding Report**

Department Use Only (MM/DD/YY)

Reporting Period (MM/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

<b>Business</b>	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**
- 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.
  - Enter the amount of withholding tax retained at each facility address for this reporting period. Use the back of this form.
  - In Box A, enter the sum of the withholding tax retained from all DED approved locations.
  - In Box B, enter the amount of withholding tax submitted on line one of Form MO-941 or the amount you electronically filed.
  - In Box C, enter the sum of Boxes A and B. This is the total amount of tax withheld from your employees.
  - Sign this form, print your name, include a phone number, and e-mail address where you can be reached.

<b>Withholding Tax Retained</b>	DED Project Or Product Number	Facility Address	Withholding Retained
			\$
			Withholding Retained
			\$
			Withholding Retained
			\$
			Withholding Retained
			\$
			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)		\$

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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1234567890123456789012345678901234567890123456789012345678901234567890123456789012345

04	DED Project Or Product Number	Facility Address	Withholding Retained
05			\$
06	DED Project Or Product Number	Facility Address	Withholding Retained
07			\$
08	DED Project Or Product Number	Facility Address	Withholding Retained
09			\$
10	DED Project Or Product Number	Facility Address	Withholding Retained
11			\$
12	DED Project Or Product Number	Facility Address	Withholding Retained
13			\$
14	DED Project Or Product Number	Facility Address	Withholding Retained
15			\$
16	DED Project Or Product Number	Facility Address	Withholding Retained
17			\$
18	DED Project Or Product Number	Facility Address	Withholding Retained
19			\$
20	DED Project Or Product Number	Facility Address	Withholding Retained
21			\$
22	DED Project Or Product Number	Facility Address	Withholding Retained
23			\$
24	DED Project Or Product Number	Facility Address	Withholding Retained
25			\$
26	DED Project Or Product Number	Facility Address	Withholding Retained
27			\$
28	DED Project Or Product Number	Facility Address	Withholding Retained
29			\$
30	DED Project Or Product Number	Facility Address	Withholding Retained
31			\$
32	DED Project Or Product Number	Facility Address	Withholding Retained
33			\$
34	DED Project Or Product Number	Facility Address	Withholding Retained
35			\$
36	DED Project Or Product Number	Facility Address	Withholding Retained
37			\$
38	DED Project Or Product Number	Facility Address	Withholding Retained
39			\$
40	DED Project Or Product Number	Facility Address	Withholding Retained
41			\$
42	DED Project Or Product Number	Facility Address	Withholding Retained
43			\$
44	DED Project Or Product Number	Facility Address	Withholding Retained
45			\$
46	DED Project Or Product Number	Facility Address	Withholding Retained
47			\$
48	DED Project Or Product Number	Facility Address	Withholding Retained
49			\$
50	DED Project Or Product Number	Facility Address	Withholding Retained
51			\$
52	DED Project Or Product Number	Facility Address	Withholding Retained
53			\$
54	Total amount retained this page		
55			\$

**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](mailto:withholdingproject@dor.mo.gov)

Form MO-QJP (Revised 03-2015)  
Visit <http://dor.mo.gov/taxcredit/>  
for additional information.



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