



# MISSOURI MANUFACTURING JOBS PROGRAM - Suppliers ANNUAL VERIFICATION

Updated: June 2015

## QUALIFIED SUPPLIER

Name of Qualified Supplier		Federal Tax ID No. (FEIN)	
Project Facility Address		NAICS	
City	County	<b>MISSOURI</b>	
Contact Person		Title	
Mailing Address	City	State	Zip Code
Telephone Number	Fax Number	Email	

Number of New Jobs	Total number of employees	Average wage of new jobs	\$
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<b>ATTACH</b>	<ul style="list-style-type: none"> <li>Provide a list of ALL employees at the facility to include: Name – Last 4 SSN – Date Hired – Date Term – Position –Eligible Health Ins (Y/N) – Annualized Wage – W-2 Box 1 Wages – Total amount of Withholding Taxes Retained per employee</li> <li>Tax Clearance</li> </ul>
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### FOR DED USE ONLY

What is the county average wage?	\$	Is new job wage greater than 120% of the county?	Y / N	Project Year	1	2	3	4	5
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Is the company utilizing any other state program(s) authorizing the retention of withholding tax (e.g. New Jobs Training, Job Retention Program, Real Property Tax Increment Allocation Redevelopment, MO downtown & rural economic stimulus act)?	YES	NO
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If YES, name program(s) ►
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**NOTE:** Benefits for which the qualified manufacturing company is eligible and which utilize withholding tax from the jobs at the facility shall first be credited to the other state program before the applicable withholding period for benefits provided under this program begin. If the qualified supplier participates in the New Jobs Training program, it cannot retain any withholding tax that has already been allocated for use in the New Jobs Training program.

## ATTESTATION OF REQUIRED REVENUE FROM QUALIFIED MANUFACTURING

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, I attest that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me to provide to the DED the required proof that \_\_\_\_% of our revenue was earned from the qualified manufacturing company, \_\_\_\_\_, during the time period from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_. I declare that the above statement is true and accurate to the best of my knowledge.

Applicant's Signature	Print Name	Title	Date
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**Provide an excel sheet showing proof of revenue**

