

MISSOURI DEPT. OF REVENUE
**EMPLOYER'S RETURN OF
 INCOME TAXES WITHHELD**

FORM
MO-941
 (REV. 11-99)

FILING FREQUENCY

DUE ON OR BEFORE

MO TAX ID
 NUMBER

FOR TAX
 PERIOD
 (CC,YY,MM)

FEIN

BUSINESS NAME

OWNER'S NAME

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return.

AUTHORIZED SIGNATURE

DATE

MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999.

1. Withholding
 This Period

\$

00

2. Compensation
 Deduction

\$

00

3. Previous Overpay/
 Payments

\$

00

4. Balance Due

\$

00

5. Additions to Tax
(see Instructions)

\$

00

6. Interest
(see Instructions)

\$

00

7. Total Amount Due
(U.S. funds only)

\$

00

DOR USE ONLY

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