2	Form IO-NJD Missouri Department of Revenue Small Business Deduction For Jobs Under Section 143.173, R	New (MM/DD/YY)				
Ļ	Taxable Year Beginning (MM/DD/YY)	Ending (MM/DD/YY)				
	Missouri Tax I.D. Number	I.D. Number				
Nar	e of Small Business		Social Security Number (Last 4 Digits)			
Ado	ress	City	State Zip Code			
	e of Small Business Sole Proprietor	S-Corporation Limited Liability Company	Limited Liability Partnership			
Qualifications	Other Business Entity (Specify Business Type)         For all taxable years beginning on or after January 1, 2011 (if pass through entity, see special instructions on page 2), and ending on or before         December 31, 2014, if a small business creates new jobs, it may qualify to claim a deduction in the taxable year each new employee completes         at least 52 weeks of full-time employment. The deduction is equal to \$10,000 for each new job created or \$20,000 for each new job created by         a small business that paid at least 50 percent of all employees' health insurance premiums.         The Small Business:         • Must employ fewer than 50 full-time or part-time employees at all times during the tax year for which the deduction is requested to qualify for the deduction. Any small business affiliated with another business must consider each employee of all affiliated businesses in determining if it employs fewer than 50 full-time or part-time employees. Two businesses are affiliated if either party has power to control the other, or a third party controls or has the power to control both parties. For purposes of the deduction, a part-time employee is defined as one who works fewer than 30 hours per week.         • Must be subject to income taxes imposed in Chapter 143, RSMo.         • Must ensure all new employees have completed at least 52 weeks of full-time employees and using the interpretent prior to including them in the deduction calculation. Upon completion of at least 52 weeks, the employee becomes a qualifying full-time employee and the small business may choose a date to compare the number of qualifying full-time employees employed in the previous calendar year. See the oxymptic below for further instruction					

<ol> <li>Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MM/DD/YYYY)</li> </ol>	1	//
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.	2	
<ol> <li>Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year.</li> </ol>	3	
4. Subtract Line 3 from Line 2 to determine the number of eligible employees	4	
In the table below, enter the requested information for each new employee reflected on Line 4.		

Note: If the employee worked in more than one county, enter the county in which he or she worked for the majority of his or her 52 weeks of employment.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I am the owner of or an officer of the above business and am authorized to apply for the small business deduction for new jobs on behalf of the small business identified above. I hereby certify to the Department of Revenue that the employees listed on page 2 meet the requirements outlined in Section 143.173, RSMo, and the small business claiming a deduction meets the requirements outlined in this document and in <u>Section 143.173, RSMo</u>.

Signature

Printed Name

Signature

Date (MM/DD/YYYY)

\_\_\_/\_\_/\_\_\_\_

Title

Employee Name First, Middle Initial, Last	Employee Social Security Number (Last Four Digits)	Employee Title or Position Code	County Where Employee Worked	Annual County Average Wage	Total Wages Paid For 52 Consecutive Weeks	Total Deduction
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
5.				\$	\$	\$
6.				\$	\$	\$
7.				\$	\$	\$
8.				\$	\$	\$
9.				\$	\$	\$
10.				\$	\$	\$
11.				\$	\$	\$
12.				\$	\$	\$
13.				\$	\$	\$
14.				\$	\$	\$
15.				\$	\$	\$
Total Deduction: Enter your total deduction here and on <u>Form MO-1040</u> , Line 18B; or on <u>Form MO-1120</u> , Line 7					\$	

Special Instructions for Pass-Through Entities:

For tax years ending on or after August 28, 2012, S-corporations, limited liability companies, limited liability partnerships or other pass-through business entities may also qualify for the small business deduction for new jobs under Section 143.173, RSMo.

The deduction year comparison date can be any date within the tax year and the previous year comparison date will be one year earlier. Each partner, member or shareholder must attach a completed Form MO-NJD when claiming the small business deduction on their income tax return.



Complete the Allocation Schedule below listing each partner, member, or shareholder and their applicable amount of the total small business deduction (round to whole numbers). The deduction must be allocated in the same proportion as income is allocated for income tax purposes. The pass-through entity qualifying for the deduction must provide a copy of this form to each partner, member or shareholder claiming the deduction, who must file the copy with their return. If you have more than fifteen partners, members or shareholders, please print an additional page(s).

Name of Partner, Member or Shareholder	Last Four Digits of Social Security Number or Complete FEIN	Share %	Deduction Amount
Example: Joe Smith	XXX-XX-1234 or 12-3456789	50 %	\$ 500.00
1.		%	\$
2.		%	\$
3.		%	\$
4.		%	\$
5.		%	\$
6.		%	\$
7.		%	\$
8.		%	\$
9.		%	\$
10.		%	\$
11.		%	\$
12.		%	\$
13.		%	\$
14.		%	\$
15.		%	\$
Total Deduction: Enter your total deduction here and on Fo	rm MO-1040, Line 18B	100 %	\$

Schedule MO-NJD must be filed with Form MO-1040, MO-1120, or MO-1120S. Please attach to the form and mail to the appropriate address as shown on page 1 of the form.

Taxation Division Personal Tax P.O. Box 385 E-mail: income@dor.mo.gov

Corporate Tax P.O. Box 3365 Jefferson City, MO 65105-0385 Jefferson City, MO 65105-3365 E-mail: corporate@dor.mo.gov

Phone: (573) 751-4541 Fax: (573) 522-1721



Form MO-NJD (Revised 12-2014)

Visit http://smallbiztax.mo.gov/ for additional information.

