AIM ZONE – NEW JOBS VERIFICATION

COMPANY		TAX PERIOD	Beg.		End	
Company or Parent Company					Federal ID # (FEIN)	
Project Facility Address					Port Authority	
City	County	MISSOURI	Zip Code + 4		AIM Zone	

CONTACT INFORMATION (Please provide a contact person that DED may contact directly regarding this program)			
Contact Person	Title		
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	

FACILITY PROJECT INFORMATION	
Current Number of Full-time Employees at the Project Facility:	
Minus Project Facility Base Employment:	-
Minus any decrease in Full-time Employees at Related Facilities below the Related Facility Base Employment:	-
Equals **New Jobs**	

For Column -- Annualized Gross Pay	**As of:**			
For Column -- Actual W-2 Box 16 Wages Paid	**From:**		**To:**	

The following information must be submitted in spreadsheet format. Create two spreadsheets (where applicable):

1. Project facility --- List all employees at the project facility as of a certain date. The date must be precede the Notice of Intent. Include the date at the top of the worksheet.
2. Related Facilities – List all employees at related facilities on the same date as the project facility listing. Include the date at the top of the worksheet.

No job that was created prior to the date of the Notice of Intent shall be deemed a new job.

Name	Employee ID	Hire Date	Job Title	Status Category	Company Name	Facility Address	Annualized Gross Pay	W-2 Box 16 Wages (Total of previous 12 mos.)	Annual # of Hours Scheduled to Work

DEFINITIONS	
Name	The Last name, First name (or First & Middle initials) of the employee.
Employee ID	Either the last 4 digits of the employees SSN or internal Employee ID.
Hire Date	The date the employee began employment for the company at the project facility.
Job Title	The job or position title the employee holds.
Status Category	Identify if the employee is Active, on FMLA, Leave of Absence, Active military leave, etc.
Company Name	If only one Company is located at the project location; this information can be listed at the top. If more than one – e.g. Parent company and wholly-owned subsidiaries – then also identify the entity at which the employee is assigned.
Facility Address	If only one facility is included as the project facility; this information can be listed at the top. If more than one facility address is considered a part of the project facility, then identify the address that the employee works.
Annualized Gross Pay	Annual gross wages for full-time employees at the facility on the date this Form is submitted to DED.
W-2 Box 16 Wages	State Taxable Wages paid to employees at the facility in the 12 months prior to the date this Form is submitted to DED.
Annual # of Hours Scheduled to Work	The annual number of hours full-time employees at the project facility are scheduled to work in the 12 months prior to the date of the NOI. 2,080 hours=40 hours/week; 1,820 hours=35 hours/week.