Missouri Department of Revenue Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Home Address (Numbe			Social Security Nu				
Home Address (Numbe							
	r and Street or Rural Route)	City or Town	State	ZIP Code			
Single or	ck the appropriate filling status below. Married Spouse Works or Married Filing Separate	Married (Spouse does not work)					
 Additional withhol part-time job, etc. pay period. To ca 	 Head of Household Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2						
on your tax return will not use the st being under withh periods in a year.	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.						
	 Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. 						
	because I had a right to a refund of all Missouri incom new MO W-4 must be completed annually if you wish t		e no tax liability				
	because I meet the conditions set forth under the Sen ses Residency Relief Act and have no Missouri tax lia		by the				
	because my income is earned as a member of any ac s and I am eligible for the military income deduction.	tive duty component of the Armed Forces	of the				

Under penalties of perjury, I certify that the information provided on this form is true and accurate.

Signat	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)			
er	Employer's Name	Employer's Address			
Employer	City	State		ZIP Code	
Б	Date Services for Pay First Performed by Employee (MM/DD/YYYY) / / /		Federal Employer I.D. Number	Missouri Tax Identification Number	

Notice To Employer:

Form

MO W-4

Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Please visit http://dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Employee Information

Visit our online withholding calculator https://mytax.mo.gov/rptp/portal/home/withholding-calculator.

Items to Remember:

- · Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.
- Additional information can be found at <u>https://dor.mo.gov/business/</u>.