Employee's Withholding Certificate

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

Full Nam	e		Social Security N	lumber			
annam							
Home Ac	ddress (Number and Street or Rural Route)	City or Town	State	ZIP Code			
			Oldio				
1. Filing	g Status: Check the appropriate filling status below.						
	 Single or Married Spouse Works or Married Filing Separate Head of Household 						
2. Addi	tional withholding: If you expect to have a balance due (as a r	ome from a					
	time job, etc.) on your tax return, you may request your emplo						
	period. To calculate the amount needed, divide the amount of						
year	. Enter the additional amount to be withheld each pay period of	on line 2		2			
3. Red	uced withholding: If you expect to receive a refund (as a result	of itemized deductions, modifications	or tax credits)				
	our tax return, you may direct your employer to only withhold t						
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							
perio	ods in a year. Enter the amount to be withheld instead of the s						
line	3, the standard calculations will be used		3				
4. Exer	npt Status: Select the appropriate reason you are claiming an	l indicate					
EXE	MPT on line 4		4				
	I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability						
	I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.						
	I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the						
	United States and I am eligible for the military income deduction.						

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

Signa	Employee's Signature (Form is not valid unless you sign it)							Date (MM/DD/YYYY)									
er	Employer's Name	Employer's Addres	S														
nploy	City	State				ZIP (ZIP Code										
Ē	Date Services for Pay First Performed by Employee (MM/DD/YY)	(YY) Federal Employer I			leral Employer I.D. Number					N	Missouri Tax Identification Number						

Notice to Employer:

Form

MO W-4

Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

• Email: withholding@dor.mo.gov

• Fax: (573) 526-8079

- Mail to: Missouri Department of Revenue
- P.O. BOX 3340

Jefferson City, MO 65105-3340

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

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator <u>mytax.mo.gov/rptp/portal/home/withholding-calculator</u>.

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. For additional assistance in regard to Military, visit the
 department's website dor.mo.gov/military/.
- Additional information can be found at <u>mo.gov/business/withhold/</u>.

Mail to:	Taxation Division P.O. Box 3340 Jefferson City, MO 65105-3340	Ever served on active duty in the United States Armed Forces?					
		If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible					
Phone:	(573) 522-0967	military individuals. A list of all state agency resources and benefits can be found at					
Fax:	(573) 526-8079	veteranbenefits.mo.gov/state-benefits/					