

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

	Full Name Social Security						rity Num	Number		
	Home	e Address (Number and Street or Rural Route)	City o	City or Town		ite		ZIP Code		
	1. F	Filing Status: Check the appropriate filling status below. Single or Married Spouse Works or Married Filing Separa Head of Household	te 🗍	Married (Spouse does not work))					
D.	p p	2. 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					a			
Employee	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									
	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 this year. A new MO W-4 must be completed annually if you wish to continue the exemption.									
		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 United States and I am eligible for the military income deduction		uty component of the Armed For	rces of the					
Under penalties of perjury, I certify that the information provided on this form is true and accurate.										
	Empl	ployee's Signature (Form is not valid unless you sign it) Da				ate (MM/	e (MM/DD/YYYY) //			
	Empl	loyer's Name Emple	Employer's Address							
Ellipioyel	City		State			ZIP Code				
T		e Services for Pay First Performed by Employee (MM/DD/YYYY) Federal Employer I.D. Number Misso				souri Ta	uri Tax Identification Number			

Notice To Employer:

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.

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

Mail to: Taxation Division P.O. Box 3340

Phone: (573) 522-0967 Fax: (573) 526-8079

Jefferson City, MO 65105-3340