



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
P.O. BOX 3340  
JEFFERSON CITY, MO 65105-3340  
FAX: (573) 526-8079

**Reset Form**

**Print Form**

**MO W-4**  
(REV. 01-2012)

This certificate is for income tax withholding and child support enforcement purposes only.  
**PLEASE TYPE OR PRINT.**

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                  |  |                                                                                                                                    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|----|
| FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | SOCIAL SECURITY NUMBER           |  | FILING STATUS<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> HEAD OF HOUSEHOLD |    |
| HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)                                                                                                                                                                                                                                                                                                                                                                                                             |  | CITY OR TOWN, STATE AND ZIP CODE |  |                                                                                                                                    |    |
| 1. <b>ALLOWANCE FOR YOURSELF:</b> Enter 1 for yourself if your filing status is single, married, <b>OR</b> head of household.                                                                                                                                                                                                                                                                                                                               |  |                                  |  | 1                                                                                                                                  |    |
| 2. <b>ALLOWANCE FOR YOUR SPOUSE:</b> Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter 0. If NO, enter 1 for your spouse.                                                                                                                                                                                                                                                                                    |  |                                  |  | 2                                                                                                                                  |    |
| 3. <b>ALLOWANCE FOR DEPENDENTS:</b> Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.                                                                                                                                                                                                                                    |  |                                  |  | 3                                                                                                                                  |    |
| 4. <b>ADDITIONAL ALLOWANCES:</b> You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.                                                                                                                                                                                                                   |  |                                  |  | 4                                                                                                                                  |    |
| 5. <b>TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING:</b> Add Lines 1 through 4 and enter total here.                                                                                                                                                                                                                                                                                                                                                          |  |                                  |  | 5                                                                                                                                  |    |
| 6. <b>ADDITIONAL WITHHOLDING:</b> 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 balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here. |  |                                  |  | 6                                                                                                                                  | \$ |
| 7. <b>EXEMPT STATUS:</b> If you had a right to a refund of <b>ALL</b> of your Missouri income tax withheld last year because you had <b>NO</b> tax liability and this year you expect a refund of <b>ALL</b> Missouri income tax withheld because you expect to have <b>NO</b> tax liability, write "EXEMPT" on Line 7. See information below.                                                                                                              |  |                                  |  | 7                                                                                                                                  |    |
| 8. If you 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, write "EXEMPT" on line 8. See information below.                                                                                                                                                                                                                              |  |                                  |  | 8                                                                                                                                  |    |
| Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.                                                                                                                                                                                                                                                                                      |  |                                  |  |                                                                                                                                    |    |
| EMPLOYEE'S SIGNATURE (Form is not valid unless you sign it.)                                                                                                                                                                                                                                                                                                                                                                                                |  |                                  |  | DATE                                                                                                                               |    |
| EMPLOYER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                  |  | FEDERAL EMPLOYER IDENTIFICATION NUMBER                                                                                             |    |
| EMPLOYER'S ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                  |  | MISSOURI 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. For additional information regarding new hire reporting, please visit [www.dss.mo.gov/cse/newhire.htm](http://www.dss.mo.gov/cse/newhire.htm).

**—EMPLOYEE INFORMATION—**

**You Do Not Pay Missouri Income Tax on All of the Income You Earn!**  
Visit [www.dor.mo.gov](http://www.dor.mo.gov) to try our online withholding calculator.

Deductions and exemptions reduce the amount of your taxable income. Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "EXEMPT" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

**Single**

\$2,100 — personal exemption  
\$5,950 — standard deduction  
\$8,050 — Total  
  
+ \$1,200 for each dependent  
+ up to \$5,000 for federal tax

**Married Filing Combined**

\$ 4,200 — personal exemption  
\$11,900 — standard deduction  
\$16,100 — Combined Total (For both spouses)  
  
+ \$1,200 for each dependent  
+ up to \$10,000 for federal tax

**Head of Household**

\$ 3,500 — personal exemption  
\$ 8,700 — standard deduction  
\$12,200 — Total  
  
+ \$1,200 for each dependent  
+ up to \$5,000 for federal tax

**Items to Remember:**

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- 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.