

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

| Full Name Sc | | | Social Se | ocial Security Number | |
|---|---|--|--|------------------------------------|--|
| Home Ad | dress (Number and Street or Rural Route) | City or Town | State | ZIP Code | |
| 2. Addit | g Status: Check the appropriate filling status below. Single or Married Spouse Works or Married Filing Separ Head of Household tional withholding: If you expect to have a balance due time job, etc.) on your tax return, you may request your period. To calculate the amount needed, divide the amount | (as a result of interest income, divi | dends, income from I amount of tax fron | n each | |
| 3. Redu on yo will n being perio line 3 | Enter the additional amount to be withheld each pay purced withholding: If you expect to receive a refund (as a pur tax return, you may direct your employer to only without use the standard calculations for withholding. If you gunder withheld. To calculate the amount needed, divides in a year. Enter the amount to be withheld instead of 3, the standard calculations will be used | a result of itemized deductions, monthhold the amount indicated on line designate an amount that is too look the amount of your expected tax of the standard calculation. If no amount of the standard calculation withholding | difications or tax cree 3. Your employer w, it could result in to by the number of pount is indicated or | edits) you pay 13 | |
| | I am exempt because I had a right to a refund of all Missou this year. A new MO W-4 must be completed annually if you I am exempt because I meet the conditions set forth under Military Spouses Residency Relief Act and have no Missou | iri income tax withheld last year and ex u wish to continue the exemption. the Servicemember Civil Relief Act, as | spect to have no tax li | | |
| | I am exempt because my income is earned as a member o United States and I am eligible for the military income dedu | f any active duty component of the Arn | ned Forces of the | | |
| Under per | nalties of perjury, I certify that the information provided on | this form is true and accurate. | | | |
| Employee's Signature (Form is not valid unless you sign it) | | | | Date (MM/DD/YYYY) | |
| Employer | 's Name Emp | ployer's Address | | | |
| City | Stat | te | ZIP | Code | |
| Date Serv | vices for Pay First Performed by Employee (MM/DD/YYYY) | Federal Employer I.D. | Number I | 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.

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 https://dor.mo.gov/business/.

 Mail to:
 Taxation Division
 Phone: (573) 751-8750

 P.O. Box 3340
 Fax: (573) 526-8079

Jefferson City, MO 65105-3340