



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Employee's Withholding Certificate**

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

|  |   |  |                        |  |       |          |
|--|---|--|------------------------|--|-------|----------|
| <b>Employee</b>  | Full Name   |  | Social Security Number |  |       |          |
|  | Home Address (Number and Street or Rural Route)   |  | City or Town           |  | State | ZIP Code |
|  | 1. Filing Status: Check the appropriate filing status below.<br><input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work)<br><input type="checkbox"/> Head of Household  |  |                        |  |       |          |
|  | 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..... |  |                        |  |       |          |
| 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..... |   |  |                        |  |       |          |
| 4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. ....   |   |  |                        |  |       |          |
| <input type="checkbox"/> 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.   |   |  |                        |  |       |          |
| <input type="checkbox"/> 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.   |   |  |                        |  |       |          |
| <input type="checkbox"/> 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.  |   |  |                        |  |       |          |

|                  |  |  |  |  |  |                                  |
|------------------|--|--|--|--|--|----------------------------------|
| <b>Signature</b> | Under penalties 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)<br>___/___/___ |

|                 |   |  |                              |  |                                    |  |
|-----------------|---|--|------------------------------|--|------------------------------------|--|
| <b>Employer</b> | Employer's Name   |  | Employer's Address           |  |                                    |  |
|                 | City  |  | State                        |  | ZIP Code                           |  |
|                 | Date Services for Pay First Performed by Employee (MM/DD/YYYY)<br>___/___/___ |  | Federal Employer I.D. Number |  | Missouri Tax Identification Number |  |

**Notice to Employer:**

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](mailto:withholding@dor.mo.gov)
- **Fax:** 877-573-6172
- **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](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 [mytax.mo.gov/rptp/portal/home/withholding-calculator](http://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 [dor.mo.gov/military/](http://dor.mo.gov/military/).
- Additional information can be found at [mo.gov/business/withhold/](http://mo.gov/business/withhold/).

**Mail to:** Taxation Division  
P.O. Box 3340  
Jefferson City, MO 65105-3340  
**Phone:** (573) 522-0967  
**Fax:** 877-573-6172

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR) to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).