

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

	Full Name Social Security					ecurity Num	y Number		
	Home Address (Number and Street or Rural Route)  City or Town  State						ZIP Code		
	_	k the appropriate filling status below. farried Spouse Works or Married Filing S lousehold		Married (Spouse does not work)					
a)	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					n each in 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					you			
		ect the appropriate reason you are c			4				
		ecause I had a right to a refund of all Mis w MO W-4 must be completed annually			no tax li	ability			
I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amende Military Spouses Residency Relief Act and have no Missouri tax liability.									
		ecause my income is earned as a memb and I am eligible for the military income of		uty component of the Armed Forces of	of the				
Under penalties of perjury, I certify that the information provided on this form is true and accurate.									
oignature	Employee's Signature (Form is not valid unless you sign it)					Date (MM/DD/YYYY)			
yer	Employer's Name  Doniphan Reorganized School District #1  Other School District #1  Employer's Address  401 Walnut Street								
Employer	City Doniphan					ZIP Code 63935			
Ī							x Identification Nu		

## 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
- Fax: (573) 526-8079
- Mail to: Missouri Department of Revenue

P.O. BOX 3340

Jefferson City, MO 65105-3340

Please visit <u>dss.mo.gov/child-support/employers/new-hire-reporting.htm</u> 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.

## 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 mo.gov/business/withhold/.

Mail to: **Taxation Division** 

P.O. Box 3340

Jefferson City, MO 65105-3340

(573) 522-0967 Phone: Fax: (573) 526-8079 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 military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Form MO W-4 (Revised 08-2021)