



MISSOURI DEPARTMENT OF REVENUE

Employee's Substitute Wage and Tax Statement

Department Use Only (MM/DD/YY) [] [] []

Social Security Number

[Redacted Social Security Number]

Taxpayer Name

[Redacted Taxpayer Name]

Address

City

State

ZIP Code

[Redacted Address, City, State, ZIP Code]

E-mail Address

[Redacted E-mail Address]

Affidavit

I have been unable to obtain a Form W-2 from my employer, named below, and have so notified the Missouri Department of Revenue, Taxation Division. The amounts shown below are my best estimates of the gross wages paid to me and the federal income tax withheld, Missouri state income tax withheld and F.I.C.A. employee tax withheld by this employer during the following tax year.

Tax Year

2 0 [] []

Employer

Business Name

Owner Name

[Redacted Business Name, Owner Name]

Address

City

State

ZIP Code

[Redacted Address, City, State, ZIP Code]

Gross Wages

Federal Tax Withheld

Missouri State Tax Withheld

F.I.C.A. Employee Tax Withheld

[Redacted Tax Amounts]

Reason

Please indicate the reason Form W-2 was not obtained from this employer. Provide an explanation of how you arrived at the estimated figures and attach copies of check stubs or other documentation pertinent to this calculation.

[Redacted Reason]

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Employee

Printed Name

Date Signed (MM/DD/YYYY)

[Redacted Signature, Name, Date]

Attach your completed Form 548 to your Missouri Income Tax Return.

Taxation Division P.O. Box 500 Jefferson City, MO 65105-0500

Phone: (573) 751-3505 Fax: (573) 522-1721 E-mail: income@dor.mo.gov

Visit http://dor.mo.gov/ for additional information.

Form 548 (Revised 05-2018)



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