



Missouri Department of Revenue
**Withholding Affidavit
For Missouri Residents**

This form is to be completed by a Missouri resident employed in a foreign state.

Employer: Please retain this Form MO W-4C for your records. Do not send a copy to the Department of Revenue unless requested to do so.

| | | | | | | |
|-----------------|----------------|------|------------------------------------|----------|--|--|
| Employer | Name | | Missouri Tax Identification Number | | | |
| | Street Address | City | State | Zip Code | | |

| | | | | | | |
|-----------------|----------------|------|------------------------|----------|--|--|
| Employee | Name | | Social Security Number | | | |
| | Street Address | City | State | Zip Code | | |

I realize that a Missouri resident is required to file an individual income tax return with the Missouri Department of Revenue by April 15 of each year and report income from all sources. For withholding purposes however;

- 100% of services for this employer are performed in the state of _____ and income taxes are being withheld by this employer for that state. I will attach to my Missouri individual income tax return, a copy of the return I file with that state. Based on this sworn information, I hereby request no Missouri income tax be withheld from my wages.
- _____ % of services for this employer are performed in the state of Missouri and are subject to Missouri withholding tax. Based on this sworn information, I hereby request that Missouri tax be withheld on this pro rata share.

| | | |
|------------------|---|-------------------------------------|
| Signature | Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I am a Missouri resident and an employee of the employer listed above. | |
| | Signature | Title |
| | Printed Name | Date (MM/DD/YYYY) ____/____/____ |

