MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

WITHHOLDING AFFIDAVIT FOR MISSOURI RESIDENTS

FORM
MO W-4C
(REV. 09-2008)

EMPLOYER: Retain this Form MO W-4C for your records. The Department of Revenue may request a copy for verification, if necessary.

THIS FORM IS TO BE COMPLETED BY A MISSOURI RESIDENT EMPLOYED IN A FOREIGN STATE.

I, the undersigned, hereby swear the following information is true and correct. I am a resident of the state of Missouri and an employee of

NAME OF EMPLOYER	EMPLOYER'S MISSOURI ID NUMBER ___ ___ ___ ___ ___ ___ ___ ___
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;

1. 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.

2. _____ % 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.

NAME	SOCIAL SECURITY NUMBER ___ ___ ___ - ___ ___ - ___ ___ ___ ___
ADDRESS	CITY, STATE, ZIP CODE

SIGNATURE	DATE __ __ / __ __ / __ __ __ __

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