



Missouri Department of Revenue
**Certificate of Nonresidence or
 Allocation of Withholding Tax**

This form is to be completed by a nonresident who performs a determinable percentage of services within Missouri.

Employer: For information on how this allocation may be determined, please refer to the website listed below.

Employee: This form is to be filed with your employer. Do not send it to the Department of Revenue.

Employee	Name of Employee		Social Security Number			
	Street Address	City	State	Zip Code		

I estimate the proportion of services performed within Missouri and subject to the withholding tax to be _____%.

I will notify my employer within 10 days of any substantial change in proportion, or a change in status to resident of Missouri.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I also declare that I am a nonresident of the State of Missouri, and reside at the address stated above and perform services partly within and partly without Missouri.	
	Signature	Title
	Printed Name	Date (MM/DD/YYYY) ____ / ____ / ____

Form MO W-4A (Revised 11-2013)

Taxation Division
 P.O. Box 999
 Jefferson City, MO 65108-0999

Phone: (573) 751-8750
TDD: (800) 735-2966
Fax: (573) 522-6816
E-mail: withholding@dor.mo.gov

Visit <http://www.dor.mo.gov/business/withhold>
 for additional information.

