



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.

<b>Employee</b>	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.

<b>Signature</b>	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  
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**TTY:** (800) 735-2966  
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Visit <http://www.dor.mo.gov/business/withhold>  
 for additional information.

