



MISSOURI DEPARTMENT OF REVENUE  
TAXATION DIVISION  
**CERTIFICATE OF NONRESIDENCE/  
ALLOCATION OF WITHHOLDING TAX**

FORM

**MO W-4A**

(REV. 01-2012)

**Reset Form**

**Print Form**

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

NAME

SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

ADDRESS

CITY, STATE, ZIP CODE

**EMPLOYEE: THIS FORM TO BE FILED WITH EMPLOYER — DO NOT SEND TO DEPARTMENT OF REVENUE**

I hereby certify 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. 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

DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**EMPLOYER:** For information on how this allocation may be determined, please refer to the *Employer's Tax Guide* at <http://dor.mo.gov/business/withhold/>.