INSTRUCTIONS FOR MISSOURI W-4

Read the Notice "Important Changes Regarding 2019 Employer's Withholding Taxes", then click the link for the withholding calculator (this will help you determine the correct Filing Status for your tax circumstance) or "I have read this information" (clicking this will allow you to get to the form and you can electronically complete it, then print and sign and date).

Line 1 - Select a Status.

1. Filing Status: Check the appropriate filling status below.
   - ☐ Single or Married Spouse Works or Married Filing Separate
   - ☐ Married (Spouse does not work)
   - ☐ Head of Household

Underline, or circle, which one you're selecting "Single" or "Married Spouse Works" or "Married Filing Separately"

☐ Single or Married Spouse Works or Married Filing Separate

Line 2 - Put in a dollar amount. Zero or whatever dollar amount additional you want withheld for State taxes for EACH pay check. NO half dollars (i.e. $2.50), **must be whole dollars** (i.e. $2.00 or $3.00).

Line 3 - Put a Zero. I have no way to reduce your withholding.

Line 4 - Enter a dash or write N/A. The majority of people are not exempt. Receiving "a" refund from the state does not automatically qualify you as exempt. You are exempt ONLY if you receive every penny back that was withheld (box 17 on your W-2).

Sign the form and date it (date = day you completed and signed, not your birthdate).

Do not leave anything blank. I hope this helps clarify the completion of this form.

Reset Form | Print Form

Form **MO W-4**

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MISSOURI DEPARTMENT OF REVENUE

Important Changes Regarding 2019 Employer's Withholding Taxes

In the 2018 legislative session, House Bill 2540 was passed and amended Section 143.171, RSMo, related to the federal tax deduction. Effective for tax year 2019, the federal income tax deduction taxpayers may claim is prorated based on the taxpayer's federal adjusted gross income. In an attempt to ease implementation of the new withholding formula, the Department of Revenue chose to remove the federal tax deduction from the withholding tax calculation. This change may result in a small increase to the amount withheld from employee's paychecks. Any withholding in excess of the tax owed will be refunded after the taxpayer files their individual income tax return.

The Department of Revenue encourages all employees to review their W-4 and to make corresponding changes based on their filing status. There are no longer allowances in the Missouri withholding tables. Employees can no longer increase or decrease the amount withheld from their paychecks by claiming allowances that are not consistent with their specific filing situation. If the employee needs additional amounts withheld, they should add the additional amount on line 2 of the W-4.

Visit https://mytax.mo.gov/rptp/portal/home/withholding-calculator to use our online calculator to estimate your withholdings.

I have read this information.

Employee

Full Name | ty Number

Home Address (Number an | ZIP Code

1. Filing Status: Check
   - ❒ Single or Ma
   - ❒ Head of Hou
2. Additional withholding part-time job, etc.) or pay period. To calcul year. Enter the additi ch . . 2
3. Reduced withholding on your tax return, yo will not use the stand being under withheld periods in a year. En line 3, the standard c) . . 3
4. Exempt Status: Selec EXEMPT on line 4. . . . 4
   - ❒ I am exempt bec this year. A new y
   - ❒ I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.
   - ❒ I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.

Signature

Under penalties of perjury, I certify that the information provided on this form is true and accurate.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Employer

Employer's Name	Employer's Address	
City	State	ZIP Code
Date Services for Pay First Performed by Employee (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Federal Employer I.D. Number	Missouri Tax Identification Number

Notice To Employer:

Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.
Please visit http://dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Employee Information

Visit our online withholding calculator https://mytax.mo.gov/rptp/portal/home/withholding-calculator.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.
- Additional information can be found at https://dor.mo.gov/business/.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

• For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**

• For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. ***Head of household please note:*** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

---------- **Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2019

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.** ► ☐	

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)	**5**	
6	Additional amount, if any, you want withheld from each paycheck	**6**	$
7	I claim exemption from withholding for 2019, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ►	**7**	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date ►**

8 Employer's name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	**9** First date of employment	**10** Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at *www.irs.gov/W4App*. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at *www.irs.gov/W4App* to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to ***www.acf.hhs.gov/css/employers.***

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	
B	Enter "1" if you will file as married filing jointly	B	
C	Enter "1" if you will file as head of household	C	
D	Enter "1" if: • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	D	
E	**Child tax credit.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-"	E	
F	**Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter "-0-"	F	
G	**Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	
H	Add lines A through G and enter the total here ►	H	

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work,** and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	$
2	Enter: $24,400 if you're married filing jointly or qualifying widow(er) / $18,350 if you're head of household / $12,200 if you're single or married filing separately	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	$
5	**Add** lines 3 and 4 and enter the total	5	$
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	$
8	**Divide** the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, above	9	
10	**Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

1 Enter the number from the **Personal Allowances Worksheet,** line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3" . . . . . **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . **4** _____

5 Enter the number from line 1 of this worksheet . . . . . **5** _____

6 **Subtract** line 5 from line 4 . . . . . **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** $ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . **8** $ _____

9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** $ _____

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $7,000	0
5,001 - 9,500	1	7,001 - 13,000	1
9,501 - 19,500	2	13,001 - 27,500	2
19,501 - 35,000	3	27,501 - 32,000	3
35,001 - 40,000	4	32,001 - 40,000	4
40,001 - 46,000	5	40,001 - 60,000	5
46,001 - 55,000	6	60,001 - 75,000	6
55,001 - 60,000	7	75,001 - 85,000	7
60,001 - 70,000	8	85,001 - 95,000	8
70,001 - 75,000	9	95,001 - 100,000	9
75,001 - 85,000	10	100,001 - 110,000	10
85,001 - 95,000	11	110,001 - 115,000	11
95,001 - 125,000	12	115,001 - 125,000	12
125,001 - 155,000	13	125,001 - 135,000	13
155,001 - 165,000	14	135,001 - 145,000	14
165,001 - 175,000	15	145,001 - 160,000	15
175,001 - 180,000	16	160,001 - 180,000	16
180,001 - 195,000	17	180,001 and over	17
195,001 - 205,000	18		
205,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $24,900	$420	$0 - $7,200	$420
24,901 - 84,450	500	7,201 - 36,975	500
84,451 - 173,900	910	36,976 - 81,700	910
173,901 - 326,950	1,000	81,701 - 158,225	1,000
326,951 - 413,700	1,330	158,226 - 201,600	1,330
413,701 - 617,850	1,450	201,601 - 507,800	1,450
617,851 and over	1,540	507,801 and over	1,540

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

IF YOU ARE CLAIMING "EXEMPT" ON YOUR FEDERAL OR STATE W-4

From the instructions on the Federal W-4 (top left corner of page 1):

Exemption from withholding: If you are exempt, complete lines 1, 2, 3, 4 and 7 and sign the form to validate it. Your exemption for (any year) **EXPIRES February 15 (FOLLOWING YEAR).** See Pub. 505, Tax Withholding and Estimated Tax.

WHAT THIS MEANS: If you claim exempt you are declaring that you will owe NO federal income tax. If you claim exempt, you will have NO FEDERAL income tax taken out of your check. If you claim exempt, your W-4 form will **EXPIRE** every February and must be replaced. This is **YOUR RESPONSIBILITY**.

From the Missouri State W-4, line 4:

EXEMPT STATUS: If you had a right to a refund to **ALL** of your Missouri income tax withheld last year because you had **NO** tax liability and this year you expect a refund of **ALL** Missouri income tax withheld because you expect to have **NO** tax liability, write "EXEMPT' on Line 4. See Information below.

(There is additional information at the bottom of the page under Items to Remember, for people who qualify for the EXEMPT status due to the Military Spouses Residency Relief Act" and documents that must be supplied to your employer)

W-4 forms are turned in at times with both allowances and the word exempt. That voids the form and we must get a new one.

If you are claiming exempt, please sign this page to be attached to your W-4 that you fully understand what it means to claim this status, that NO federal or state tax will be taken out of your check and you are fully responsible for any federal or state tax liability you may have when you file your federal and state tax returns.
This form must be received with any W-4 claiming exempt status, or the payroll department will contact you to either obtain a signed copy, or get a new corrected W-4.

I _____UNDERSTAND THAT I WILL HAVE NO FEDERAL OR STATE TAXES WITHHELD FROM MY PAY CHECKS, THAT I AM RESPONSIBLE FOR ANY FEDERAL OR STATE TAX LIABILITY I HAVE FOR THE YEAR, AND I WILL REPLACE EXPIRED EXEMPT W-4 FORMS EACH FEBRUARY.

_____ _____

Signature Date

OZARKS AREA COMMUNITY ACTION CORPORATION

AUTHORIZATION FORM FOR DIRECT DEPOSIT OF PAYROLL

PRINT NAME: LAST FIRST MIDDLE _____ SOCIAL SECURITY NUMBER _____

CHECK APPLICABLE BOX

☐ **NEW ENROLLMENT**
Complete and sign this form. Attach a voided check for each account or paperwork from the bank (not a deposit slip).

☐ **CHANGE OF ACCOUNT**
Complete and sign this form. Attach a voided check or deposit slip for the new account.

ACCOUNT INFORMATION

Type of Account (check one)
☐ **Checking** ☐ **Savings**

Bank, Credit Union, or Savings

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

ATTACH A VOIDED CHECK OR INFORMATION FROM YOUR BANK
(DEPOSIT SLIPS ARE NOT ACCEPTABLE AS THE ROUTING NUMBER IS NOT CORRECT)

Authorization Statement

I hereby authorize the Ozarks Area Community Action Corporation to deposit my net pay amount to my checking or savings account at the financial institution named above. I agree that if any funds are deposited in error to my account, the Ozarks Area Community Action Corporation may recover such funds directly from my account. This authority will remain in effect until I have signed a new authorization. I understand that any change or cancellation must be received by the Payroll Department by Friday to take effect the following pay day.

_____ Employee Signature

_____ Date

IMPORTANT NOTE - PLEASE READ

YOU MAY RECEIVE A CHECK FOR YOUR FIRST PAYROLL. SETTING UP A DIRECT DEPOSIT MAY TAKE TIME. PLEASE ALWAYS VERIFY THAT YOUR FUNDS ARE IN YOUR ACCOUNT BEFORE ASSUMING YOU HAVE BEEN PAID. A CHECK WILL BE SIGNED; A DIRECT DEPOSIT VOUCHER WILL SAY NOT NEGOTIABLE.

THE FEDERAL RESERVE GUARANTEES DEPOSIT OF FUNDS DURING THE DAY OF PAY DAY - TIMES OF THE DAY THAT FUNDS ARE DEPOSITED WILL VARY DEPENDING ON YOUR BANK.

DDAUTH.WK3

Empowering People, Enriching Communities

Ozarks Area Community Action Corporation
Carl Rosenkranz, Executive Director

215 S. Barnes Avenue
Springfield, MO 65802-2204
Office: 417-862-4314 | Fax: 417-864-3499
www.oac.ac

THE FOLLOWING FORM (DIRECT DEPOSIT DEDUCTION FROM PAYROLL) IS USED TO DEPOSIT SOME OF YOUR NET PAY INTO A SECOND BANK ACCOUNT.

SOME EXAMPLES OF A SECOND BANK ACCOUNT:

- SAVINGS ACCOUNT
- CHRISTMAS CLUB
- EMERGENCY SAVINGS ACCOUNT

ONLY COMPLETE THIS FORM IF YOU WANT YOUR NET PAY DEPOSITED INTO MORE THAN ONE BANK ACCOUNT.

OZARKS AREA COMMUNITY ACTION CORPORATION

AUTHORIZATION FORM FOR DIRECT DEPOSIT OF DEDUCTIONS FROM PAYROLL
(This is not an authorization for direct deposit of your net pay)

PRINT NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

CHECK APPLICABLE BOX

☐ **NEW ENROLLMENT**
Complete and sign this form. Attach a voided check for each account or paperwork from the bank (not a deposit slip).

☐ **CHANGE OF ACCOUNT**
Complete and sign this form. Attach a voided check or deposit slip for the new account.

ACCOUNT INFORMATION

Type of Account (check one)
☐ **Checking** ☐ **Savings**

Bank, Credit Union, or Savings & Loan

Name:

City State ZIP

AMOUNT OF DEDUCTION PER PAY PERIOD $

The deduction will be taken from each paycheck to be forwarded to this bank / credit union with the same effective date as your paycheck.

Authorization Statement

I hereby authorize the Ozarks Area Community Action Corporation to deposit my net pay amount to my checking or savings account at the financial institution named above. I agree that if any funds are deposited in error to my account, the Ozarks Area Community Action Corporation may recover such funds directly from my account. This authority will remain in effect until I have signed a new authorization. I understand that any change or cancellation must be received by the Payroll Department by Friday to take effect the following pay day.

ATTACH VOIDED CHECK OR INFORMATION FROM YOUR BANK / CREDIT UNION HERE
(DEPOSIT SLIPS ARE NO LONGER ACCEPTABLE AS THE ROUTING NUMBER MAY NOT BE CORRECT. HAND WRITTEN INFORMATION IS ALSO NOT ACCEPTABLE DOCUMENTATION)

Employee Signature Date

Ozarks Area Community Action Corporation

ACKNOWLEDGEMENT OF EMPLOYEE RECEIPT OF
FAMILY MEDICAL LEAVE ACT RIGHTS
(Refer to FMLA poster for additional information)

I understand that reason for taking FMLA leave includes any of the following:

I hereby certify I have been informed of my rights under the Family and Medical Leave Act of 1993 on the date shown below. FMLA requires covered employers to provide up to 12 weeks of unpaid, job protected leave to eligible employees for the following reasons:

- **For a serious health condition that makes the employee unable to perform the employee's job.**
- **For incapacity due to pregnancy, prenatal medical care or child birth.**
- **To care for the employee's child after birth, or placement for adoption or foster care.**
- **To care for the employee's spouse, son, daughter, or parent who has a serious health condition.**
- **Because of a qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. (Refer to FMLA poster for additional information for Military Family Leave Entitlements)**
- **Because you are the spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness. (Refer to FMLA poster for additional information for Military Family Leave Entitlements)**

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Substitution of Paid Leave for Unpaid Leave
OACAC requires employees to use all paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Benefits
I understand that for the 12 weeks of FMLA leave the employer will pay the employer's share of my health, dental and life insurance. The employee's co-pay amount for the employee (and dependent(s) if applicable) will continue to be the responsibility of the employee.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedure. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Employees will be required to provide a certification and periodic recertification supporting the need for leave.

You have a right under FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:

- **the 12-month period measured forward from the date of your first FMLA leave usage.**

_____	_____
Print Name	**Program/Location**
_____	_____
Signature of Employee	**Date**

Ozarks Area Community Action Corporation

DATE_____ CENTER/LOCATION_____

MARRIED_____ SINGLE_____ DIVORCED_____

_____ _____
PRINT NAME: FIRST, MIDDLE, LAST SIGNATURE

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HOME PHONE_____ CELL PHONE_____

BIRTHDAY_____ SOCIAL SECURITY #_____
(month/day/year)

1ST EMERGENCY CONTACT PERSON

_____ _____
PRINT NAME RELATIONSHIP

HOME PHONE_____ CELL PHONE_____

WORK PHONE_____

2nd EMERGENCY CONTACT PERSON

_____ _____
PRINT NAME RELATIONSHIP

HOME PHONE_____ CELL PHONE_____

WORK PHONE_____

Sign up to receive text message updates from OACAC Head Start. Our goal is to engage parents and caregivers when needed, quickly, with this easy-to-use communication tool called Head Start CONNECT. You will receive text messages for the following categories:

- EMERGENCIES
- EVENT REMINDERS
- CLOSINGS DUE TO WEATHER
- CHILD WELL-BEING UPDATES

☐ New enrollment

☐ Updated enrollment Information

Sign up below and CONNECT with OACAC Head Start! We must have complete information or we will not be able to link you with a classroom. Fill out form completely.

Primary Parent/Guardian:

_____

Last Name First Mobile Number Wireless Carrier
(if straight talk, please list carrier)

☐ Employee? List Center _____

Secondary Parent/Guardian:

_____

Last Name First Mobile Number Wireless Carrier
(if straight talk, please list carrier)

List all children in Head Start/Early Head Start associated with the above Parents/Guardians:

_____

Print Child's Name Center/classroom/AM/PM

_____

Print Child's Name Center/classroom/AM/PM

_____

Print Child's Name Center/classroom/AM/PM

_____

Print Child's Name Center/classroom/AM/PM

IMPORTANT: This free service is FCC CAN-SPAM compliant. You may update message preferences or unsubscribe at any time by notifying OACAC Head Start. Please check your wireless carrier for message & data rates that may apply.

8-2016