

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; if don't then default is Single.

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

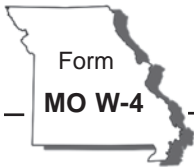
Line 2 - Put in a dollar amount. Zero or whatever dollar amount additional you want withheld for State taxes for EACH pay check. NO half dollars (i.e. \$2.50), **must be whole dollars** (i.e. \$2.00 or \$3.00).

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.



MISSOURI DEPARTMENT OF
REVENUE
Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name		Social Security Number		
	Home Address (Number and Street or Rural Route)		City or Town	State	ZIP Code
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household				
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....				2
3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....				3	
4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.				4	
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- **Email:** withholding@dor.mo.gov
- **Fax:** 877-573-6172
- **Mail to:** Missouri Department of Revenue
P.O. BOX 3340
Jefferson City, MO 65105-3340

Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator 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. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/.
- Additional information can be found at mo.gov/business/withhold/.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340
Phone: (573) 522-0967
Fax: 877-573-6172

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

EXEMPTION FROM PAYROLL INCOME TAX WITHHOLDING

FEDERAL:

You may claim exemption from withholding if you meet both of the following conditions:

You had **NO** federal income tax liability this past year **and** you expect to have no federal income tax liability this year.

You had no federal income tax liability this past year **IF** (1) your total tax on line 24 on Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30),

24	Add lines 22 and 23. This is your total tax		24	
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2021 estimated tax payments and amount applied from 2020 return		26	
27a	Earned income credit (EIC)	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ► <input type="checkbox"/>			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		

If you have a qualifying child, attach Sch. EIC.

or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status.

If you claim exemption, you will have no income tax withheld from your paycheck and you may owe taxes and penalties when you file your taxes this year.

To claim exemption from withholding, certify that you meet both of the conditions above by writing "EXEMPT" on form W-4 in the space below Step 4(c). Complete Steps 1(a), 1 (b), and 5. Do not complete any other steps.

You must renew your exemption every year no later than February 15 by submitting a new W-4.

STATE:

You may claim exemption from withholding **if** you are not required to file a federal tax return, or your income is below the Missouri threshold and you do not expect an increase in income.

If you are required to file a federal tax return, you may still be exempt from Missouri tax withholding if:

- You are a resident and have less than \$1,200 of Missouri adjusted gross income;
- You are a nonresident with less than \$600 of Missouri income; OR
- Your Missouri adjusted gross income is less than the amount of your standard deduction plus your exemption amount.

NOTE: If you are not required to file a Missouri income tax return, but you received a W-2 form stating MO tax was withheld (Box 17), you must file a return to get a refund of your Missouri withholding.

To claim exemption from withholding, certify that you meet the conditions above by writing "EXEMPT" on form MO W-4 on line 4 and checking the appropriate box in section 4.

You must renew your exemption every year no later than February 15 by submitting a new MO W-4.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

OZARKS AREA COMMUNITY ACTION CORPORATION

**AUTHORIZATION FORM FOR DEDUCTION AND DIRECT DEPOSIT INTO A HEALTH SAVINGS ACCOUNT
NOTE - THESE DEPOSITS CAN ONLY BE MADE TO AN ELIGIBLE EXISTING H.S.A. ACCOUNT**

PRINT NAME: LAST FIRST MIDDLE

CHECK APPLICABLE BOX

- NEW ENROLLMENT**
Complete and sign this form. Attach a voided check or letter from the bank. Deposit slips are not acceptable.
- CHANGE OF ACCOUNT**
Complete and sign this form. Attach a voided check for the new account. Deposit slips are not acceptable.
- CHANGE AMOUNT OF DEDUCTION**
NO change to the deposit institution

HSA 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 institution with the same effective date as your paycheck.

Authorization Statement

I hereby authorize the Ozarks Area Community Action Corporation to deposit the amount of deduction per pay period to my HSA 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 date.

REQUIRED - ATTACH INFORMATION OBTAINED FROM CUSTODIAN OF H.S.A. ACCOUNT WITH INSTITUTION'S ROUTING NUMBER AND THE DEPOSIT ACCOUNT NUMBER

Employee Signature

Date



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.

Family Planning | Foster Grandparents | Head Start/Early Head Start | Housing Assistance
Low-Income Home Energy Assistance Program | Neighborhood Centers | Weatherization Assistance

Serving Ten Counties:

Barry | Christian | Dade | Dallas | Greene | Lawrence | Polk | Stone | Taney | Webster
Equal Opportunity Employer. All services provided on a non-discriminatory basis.

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

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 for the new account. Deposit slips are not acceptable.
- CHANGE AMOUNT OF DEDUCTION**
NO change to deposit institution

ACCOUNT INFORMATION

Type of Account (check one)
 Checking Savings

Bank, Credit Union, or Prepaid Deposit Acct

Name: _____

City _____ State _____ ZIP _____

AMOUNT OF DEDUCTION PER PAY PERIOD \$ _____

The deduction will be taken from each paycheck to be forwarded to this institution with the same effective date as your paycheck.

Authorization Statement

I hereby authorize the Ozarks Area Community Action Corporation to deposit the amount of deduction per pay period 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.

REQUIRED - ATTACH VOIDED CHECK OR DIRECT DEPOSIT LETTER FROM YOUR BANKING INSTITUTION

NOTE: DEPOSIT SLIPS ARE NOT ACCEPTABLE, THE ROUTING NUMBER MAY NOT BE CORRECT. HAND WRITTEN INFORMATION IS ALSO NOT ACCEPTABLE.

Employee Signature

Date



Empowering People. Enriching Communities

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



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IN CASE OF AN EMERGENCY (ICE) CONTACT FORM

DATE:	
LEGAL EMPLOYEE NAME: (NO NICKNAMES)	
*CURRENT EMPLOYEE MAILING ADDRESS:	
*PRIMARY EMPLOYEE PHONE NUMBER (WITH AREA CODE):	
*ALTERNATE EMPLOYEE PHONE # (W/AREA CODE), IF AVAILABLE:	

***PLEASE ALWAYS PROVIDE CURRENT INFORMATION, DO NOT WRITE "SAME".**

	1st EMERGENCY CONTACT PERSON:	2nd EMERGENCY CONTACT PERSON:
NAME:		
RELATIONSHIP:		
PRIMARY PHONE #: (INCLUDE AREA CODE)		
ALTERNATE PHONE #: (INCLUDE AREA CODE)		

HR USE ONLY

RECEIVED BY:	
PRINTED NAME:	
SYSTEM UPDATED DATE:	



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 <small>(if straight talk, please list carrier)</small>
<input type="checkbox"/> Employee? List Center _____			

Secondary Parent/Guardian:

Last Name	First	Mobile Number	Wireless Carrier <small>(if straight talk, please list carrier)</small>
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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.



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WELCOME NEW EMPLOYEE!

You have a couple options for the handling of payroll and we highly encourage the use of direct deposit since it is safe, convenient, and guaranteed in your account on pay day.

If you prefer a live check, it will be mailed to your home no later than the pay date.

Please mark your choice below for paycheck handling. If you have any questions please see your Area Supervisor.



Printed Name:

Signature:

Email Address:

Date:

I have elected Direct Deposit **Please provide a personal email address**

Please mail my paychecks every pay period

Address: _____



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Dear Valued Employee,

As part of the payroll file, we'd like to maintain a personal email address.

Please provide the information in the bottom portion of this form. You may return this completed and signed form by:

- email: kdillon@oac.ac
- put in your Center's Central Office mail, Attention: Payroll
- mail directly to OACAC Central Office, Attention: Payroll
215 South Barnes Av. Springfield, MO 65802

If you have any questions please see your Area Supervisor. Thank you!

Printed Name:

Signature:

Email Address:

Date: