



Missouri Local Government
Employees Retirement System

P.O. Box 1665, Jefferson City, MO 65102

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Substitute W-4P
MO-W-4-P

SUBSTITUTE WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

OMS No. 1545-0415

If you elect not to have withholding apply to your LAGERS pension payment, or if you do not have enough income tax withheld from your LAGERS pension payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The LAGERS Board of Trustees and Staff are not qualified to offer specific tax advice; that advice must be secured from the Internal Revenue Service or a professional tax accountant. You may also update your tax withholdings online using myLAGERS instead of this form. Visit www.molagers.org to access myLAGERS.

PERSONAL INFORMATION (PLEASE PRINT)

Name	First	Middle	Last	Social Security Number										
Mailing Address				Street	E-mail Address									
City		State		Zip	Telephone									

FEDERAL TAX WITHHOLDING (PLEASE PRINT) This will replace any previous elections.

CHECK ONLY ONE OPTION BELOW	If you do not live in the U.S. or one of its possessions, you cannot elect to not have Federal tax withheld.
<input type="checkbox"/>	I elect to NOT have Federal income tax withheld from my LAGERS pension.
<input type="checkbox"/>	I elect for my withholding from each periodic LAGERS pension payment to be withheld according to the tax tables using the number of allowances and marital status shown below: Marital Status: <input type="checkbox"/> Married Exemptions Claimed: <input type="checkbox"/> 1 for Yourself <input type="checkbox"/> 1 for Your Spouse <input type="checkbox"/> Single <input type="checkbox"/> 1 if you are 65 or older <input type="checkbox"/> 1 if your spouse is 65 or older <input type="checkbox"/> Married withhold at Single Rate <input type="checkbox"/> 1 if you are blind <input type="checkbox"/> 1 if your spouse is blind TOTAL EXEMPTIONS CLAIMED: _____ <input type="checkbox"/> Other: In addition to the amount withheld from the tax tables, I want the following additional \$ _____ amount withheld from each periodic LAGERS pension payment:

MISSOURI STATE TAX WITHHOLDING (PLEASE PRINT) This will replace any previous elections.

CHECK ONLY ONE OPTION BELOW	*** IF YOU ARE NOT A MISSOURI RESIDENT, YOU MAY NOT NEED TO HAVE MISSOURI WITHHOLDINGS ***	
<input type="checkbox"/>	I elect to NOT have <u>Missouri</u> State income tax withheld from my LAGERS pension.	
<input type="checkbox"/>	I elect to have following fixed dollar amount withheld from each periodic LAGERS pension payment:	Cannot be less than \$10 per month \$ _____

PLEASE PROVIDE YOUR SIGNATURE AND THE DATE BEFORE SUBMITTING

Your Signature	Date
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