## **Frequently Asked Questions**

# When Completing the MO Form W-4P (for state tax)

## What if I don't submit a MO Form W-4P when I start receiving payments?

If the MO Form W-4P is not completed and returned, LAGERS will not withhold any Missouri state tax.

## Can I change my designations once I submit the MO Form W-4P?

Yes, you can make changes to your withholdings anytime. You simply need to complete a new MO Form W-4P and submit it to LAGERS.

#### Can I have income tax withheld for a state other than Missouri?

If you reside outside of Missouri, your benefit is subject to your state of residence income tax. However, LAGERS can only withhold state tax for the State of Missouri.

## What if I still have questions?

The instructions included with the Form MO W-4P may help. If you require further assistance, you should seek advice from the Missouri Department of Revenue or a qualified tax professional. The LAGERS Staff is not qualified to offer specific tax advice.

## What do I put for the Claim or Identification Number?

You can leave this field blank. LAGERS will locate you in our system using your social security number.

## How will LAGERS contact me if they have questions?

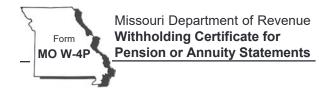
Please provide a phone number and email address along with your mailing address on the form so we can quickly contact you if we have questions.

#### Where do I send the completed form?

<u>If you are in the process of retiring</u>, please return the form along with your other documents to the Benefits Team member whose contact information was included with your retirement packet.

If you are already receiving a benefit, return the form in any of the following ways:

Mail:P.O. Box 1665, Jefferson City, MO 65102Email:mylagers@molagers.orgFax:573-636-9671



This form is to be provided to the administrator of your retirement plan. Do not send to the Department of Revenue.

This certificate is for voluntary withholding of Missouri State Income Tax from pension or annuity income only.

Full Name (Typed or Printed)		Social Security Number			
Street Address	City	State	ZIP Code		
Claim or Identification Number (if any) or Your Pension or Annuity Contract					

1. I elect not to have income tax withheld from my pension or annuity. (If you check this box, do not complete Line 2.)

I voluntarily elect to have the following amount withheld from each pension or annuity payment each month. For assistance in determining an amount to be withheld, visit our web site at <u>https://mytax.mo.gov/rptp/portal/home/withholding-calculator/</u>.

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(The amount you enter cannot be less than \$10.00 per month.)

	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
Signature	Signature	Title	
Sig	Printed Name	Date (MM/DD/YYYY)	

- 1. Enter your full name, address and social security number.
- 2. Enter your pension or annuity contract claim or identification number.
- 3. If you do not wish to have Missouri state income taxes withheld from your pension or annuity income, place a check mark in the box next to Line 1. Sign and date the form. Then send this form to the administrator of your retirement plan who will simply keep your completed form on file.
- 4. If you do wish to have Missouri state taxes withheld from your pension or annuity income, place a check mark in the box next to Line 2. Then enter the amount you wish to have withheld monthly in the box provided. To determine the amount to be withheld monthly, divide the amount of tax you paid with last year's Missouri income tax return by twelve. You may wish to allow for the effect of any increases in your income from last year's income by adjusting your calculation of the amount to be withheld upwards. The amount to be withheld cannot be less than \$10.00. Sign and date this form. Then send this form to the administrator of your retirement plan who will then begin the withholding.
- 5. Should you need to change this form or complete a new one, please contact the administrator of your retirement plan.

Taxation Division P.O. Box 999 Jefferson City, MO 65108-0999

Instructions

Phone: (573) 751-8750 TTY: (800) 735-2966 Fax: (573) 522-6816

Visit https://dor.mo.gov/business/withhold/ for additional information.



Form MO W-4P (Revised 11-2013)