



**MoDOT & Patrol Employees' Retirement System**  
 PO Box 1930 • Jefferson City, MO 65102-1930  
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 Website: www.mpers.org

## Missouri W-4P Substitute

1. Complete all sections of this form.
2. Sign and date the form.
3. Return the form to MPERS **prior to the 15<sup>th</sup> of the month.**

### Withholding Certificate for Pension Benefit Payments

PERSONAL INFORMATION			
Name: (Last)	(First)	(MI)	Social Security Number: ***-**-_____
Type of Benefit Payment ( <i>check one</i> ):			
<input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Survivor/Beneficiary			
Mailing Address:			<b>Start Date</b> *: Month/Year
City:	State:	Zip Code:	Daytime Phone:

\***Start date** is the date you wish tax withholding to begin.

MISSOURI STATE TAX WITHHOLDING (CHECK ONLY ONE OPTION)	
<input type="checkbox"/> <b>Option 1</b>	<b>No Missouri State Tax Withholding</b> – I elect <b>not</b> to have income tax withheld from my pension benefit. This option does <b>not</b> relieve me of any tax liability.
<input type="checkbox"/> <b>Option 2</b>	<b>Flat Amount (Minimum \$10)</b> – I want \$_____ withheld from each pension benefit payment. This must be a flat amount (no cents).

Member Signature:	Date:
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MPERS will not withhold taxes for any state other than Missouri.