



MISSOURI DEPARTMENT OF AGRICULTURE
 MISSOURI STATE FAIR
 2503 WEST 16TH STREET
 SEDALIA MO 65301
 (800) 422-FAIR (660) 530-5600 FAX (660) 827-8169

**APPLICATION FOR PART-TIME OR
 TEMPORARY EMPLOYMENT**

FOR OFFICE USE ONLY	
DEPARTMENT	EFFECTIVE DATE
SALARY	POSITION CODE
<input type="checkbox"/> EMP AGREE <input type="checkbox"/> FAIR WEEK EMP <input type="checkbox"/> SEASONAL EMP <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> REHIRE LDPR	

DATE _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP COUNTY
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	

TYPE OF POSITION: FULL-TIME PART-TIME SPECIFY DAYS AND HOURS IF PART-TIME _____

ARE YOU CURRENTLY EMPLOYED BY THE STATE OF MISSOURI? YES NO IF SO, WHAT DEPARTMENT DO YOU WORK FOR? _____

HAVE YOU PREVIOUSLY WORKED AT THE FAIR? YES _____ YEARS NO IF YES, WHICH DEPARTMENT(S)? _____

LIST NAME(S) OF RELATIVE(S) EMPLOYED BY THIS DEPARTMENT _____

CHECK AREAS OF QUALIFICATIONS/EXPERIENCES

<input type="checkbox"/> TYPING SPEED _____	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> BACKHOE	<input type="checkbox"/> WELDING	<input type="checkbox"/> PAINTING
<input type="checkbox"/> TRACTOR OPERATOR	<input type="checkbox"/> OTR TRUCK	<input type="checkbox"/> COMPUTER SKILLS	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> CARPENTRY
<input type="checkbox"/> CASHIER/TELLER	<input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> PLUMBING	

CHECK FIRST, SECOND AND THIRD PREFERENCES OF WORK LOCATION

_____ ADMISSIONS - Outside work; all shifts available; detail oriented; may handle cash; tears admission tickets

_____ BACKSTAGE - Outside work; mornings and nights; heavy lifting

_____ CAMPGROUNDS - Outside work; all shifts available; detail oriented, cash handling

_____ CARNIVAL - Confined air-conditioned booth; afternoons through early morning; cash handling

_____ GRANDSTAND - Outside work; mostly evenings; ticket taking; ushering

_____ HOSPITALITY - Outside work; mornings, afternoons, early evenings; greets public and answers questions

_____ JANITORIAL - Outside and inside work; all shifts available; clean rest rooms; sweep floors

_____ PUBLICITY - Outside and inside work; mornings, afternoons, evenings; acts as reporter

_____ MAINTENANCE - Outside work; all shifts available; labor intensive; clean stalls, barns, areans; set up chairs; mechanic

_____ PARKING - Outside work; all shifts available; direct and park cars

_____ REVENUE - Inside air-conditioned office; all shifts available; handle and count money

_____ TRAMS - Outside work; mornings, afternoons, evenings; drive tractors; host/hostess rides tram

_____ YOUTH CREW - Outside work; mornings, afternoons

_____ OTHER _____

WORK HISTORY

LIST BELOW ALL EMPLOYERS BEGINNING WITH THE MOST RECENT A. COMPANY NAME B. ADDRESS AND PHONE NO. WITH AREA CODE	TIME EMPLOYED		NATURE OF WORK	STARTING SALARY	SALARY AT LEAVING	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
	FROM MO. YR.	TO MO. YR.					
1. A.							
B.							
2. A.							
B.							
3. A.							
B.							

Indicate by number any of the above employers whom you do not wish us to contact _____

REFERENCES

ADDRESS _____

PHONE NUMBER _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN	CHECK LAST YEAR COMPLETED	GRADUATE? GIVE DEGREE	LAST YEAR ATTENDED
Elementary			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Business or Trade School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Corresp. or Night School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

HAVE YOU EVER BEEN DISCHARGED OR FORGED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? YES NO

IF THE ANSWER IS "YES", GIVE THE NAME OF EMPLOYER, DATE, AND REASON IN EACH CASE.

CERTIFICATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected/my employment will be terminated. You are hereby authorized to make any investigations regarding personal history.

SIGNATURE _____

DATE _____



MISSOURI DEPARTMENT OF AGRICULTURE
ETHNICITY DATA FOR NEW EMPLOYEES

DATE	EMPLOYEE NAME
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- Asian/Pacific Islander (A)
- Black or African American (B)
- Hispanic or Latino (H)
- American Indian/Native Alaskan (I)
- Unknown – No Self or Visual ID (U)
- White (W)
- Two or More Races (2)
- NTV Hawaiian/Other PAC Islander (P)
- Declined to Respond (D)



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
EMERGENCY DATA

FOR YOUR OWN PROTECTION DURING AN EMERGENCY SITUATION, YOUR SUPERVISOR SHOULD BE INFORMED OF CERTAIN MEDICAL FACTS.

NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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IN CASE OF EMERGENCY NOTIFY

NAME	RELATIONSHIP
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ADDRESS

HOME PHONE	WORK PHONE	OTHER PHONE
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SHOULD WE BE UNABLE TO CONTACT THE FIRST CHOICE, PLEASE LIST SECOND CHOICE

NAME	RELATIONSHIP
------	--------------

ADDRESS

HOME PHONE	WORK PHONE	OTHER PHONE
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NAME OF PERSONAL PHYSICIAN	PHYSICIAN PHONE
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LOCAL HOSPITAL PREFERENCE

LIST MEDICATIONS THAT SHOULD NOT BE ADMINISTERED TO YOU

LIST MEDICATIONS THAT YOU ARE CURRENTLY TAKING FOR A LONG TERM CONDITION SUCH AS: HEART TROUBLE, BLOOD PRESSURE, DIABETES, ETC. WHICH SHOULD BE MADE KNOWN TO EMERGENCY PERSONNEL.

I AGREE TO HAVE THE ABOVE INFORMATION USED IN CASE OF EMERGENCY

SIGNATURE	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI STATE FAIR
CONSENT OF PARENT

CHILD'S FULL NAME	CHILD'S DATE OF BIRTH
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Under Missouri law, 14- and 15-year-olds may be employed:

- Between 7 a.m. and 7 p.m. during the school year
- Between 7 a.m. and 9 p.m. from June 1 through Labor Day
- No more than three hours a day on school days
- No more than eight hours a day on non-school days
- No more than six days or 40 hours in a week

The following jobs are prohibited for 14- and 15-year-olds:

- Jobs involving dangerous equipment (cookers, slicers)
- Jobs involving dangerous materials (toxic chemicals)
- Jobs involving dangerous duties (driving, roofing)

I, _____ am the parent or legal guardian of this child. This is my written consent for my child to be employed at the Missouri State Fairgrounds. I have read and am familiar with the Missouri Child Labor Laws regarding the employment of young people.

PARENT/GUARDIAN SIGNATURE	PRINTED NAME
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ADDRESS

CITY, STATE, ZIP

PHONE NUMBER	ALTERNATE PHONE NUMBER	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI STATE FAIR
PROSPECTIVE MISSOURI STATE FAIR EMPLOYEE

Prospective Missouri State Fair Employee:

The U.S. Military Service Act, 50 U.S.C. App. 451, et seq., requires males aged 18 through 26 to register with the Selective Service Administration. In support of this federal regulation, the state of Missouri requires individuals employed by the state to be registered with the Selective Service Administration.

If you are a male, 18-26 years of age, please complete the following certification by checking the appropriate item and signing in the spaces provided.

- I certify I am registered with the Selective Service Administration.
- I certify I am not required to register with the Selective Service Administration under applicable provisions of the Military Services Act and its implementing regulations.

SIGNATURE

PRINTED NAME

DATE

(If you have not already done so, you may register with the Selective Service Administration on-line at www.sss.gov)

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.

2023

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, other details, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

Do **only one** of the following.

(a) Reserved for future use.

(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

TIP: If you have self-employment income, see page 2.

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)

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly 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 2023 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.

- 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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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



- 1** Enter an estimate of your 2023 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 **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$20,800 if you're head of household				
	• \$13,850 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-" **3** \$ _____
- 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 **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

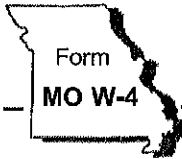
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,800	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,800	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



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	
	<p>1. Filing Status: Check the appropriate filing status below.</p> <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					
	<p>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.....</p>					
<p>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.....</p>						
<p>4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.</p> <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/rptportal/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/.



STATE OF MISSOURI
AUTHORIZATION FOR CRIMINAL RECORD REVIEW

NAME - FIRST		MIDDLE		LAST	
FORMER NAMES AND/OR ALIASES USED					
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		ISSUING STATE	
ADDRESS					
PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY. USE ADDITIONAL PAPER IF NECESSARY.					
Have you ever been convicted, pled guilty or nolo contendere, and/or received a suspended imposition of sentence or suspended execution of sentence in any federal, state, or municipal court for a criminal offense? (Please include any alcohol or drug-related driving offenses or any other offense) If yes please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
As of this date, do you have any pending criminal charges against you? If yes, please provide an explanation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLANATION			
<p>I hereby swear or affirm that I am the applicant for record review listed above and that the information provided in this application is true and accurate to the best of my knowledge. I give my permission for the State of Missouri to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number.</p> <p>By my signature , I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application or for the employment history given to my employer, I will be terminated from employment with this State of Missouri agency or removed from hiring consideration.</p> <p>A conviction of a violation of the law does not constitute an automatic bar to employment. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from employment.</p>					
SIGNATURE				DATE	
INFORMATION ON POSITION FOR WHICH YOU ARE APPLYING					
DIVISION		PROGRAM		POSITION#	

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

STATEMENT OF CONFIDENTIALITY

I understand that by virtue of my employment at the Missouri Department of Agriculture I may have access to (verbal, written, or computerized) information and/or records which contain individually identifiable confidential information regarding my fellow employees, the Department, or the public that the Department serves.

It is essential that members of the Missouri Department of Agriculture maintain employee, our public customers and agency privacy/confidentiality. Therefore, all members of the Missouri Department of Agriculture shall acknowledge and sign the statement of confidentiality that follows:

I acknowledge that the disclosure of individually identifiable confidential information is prohibited by the Missouri Department of Agriculture's personnel policies.

I further acknowledge that I fully understand that the intentional disclosure by me of individually identifiable confidential information to any unauthorized person or persons is prohibited.

As a member of the Missouri Department of Agriculture, I agree that for and during the entire tenure as an employee of the Department, any employee personnel matters, disciplinary actions, employee relations matters or other identified material that is not deemed to be a "public record" under RSMo. Chapter 610 and the like, shall be considered and kept as the confidential and privileged records and discussions of the Missouri Department of Agriculture and will not be divulged to anyone except on the direct authorization of the Director of the Missouri Department of Agriculture or his/her designee. Further, no employee of the Department shall disclose to anyone either during or after his/her tenure as an employee any confidential information obtained by him/her as a result of his employment, unless the written consent of the Director of the Missouri Department of Agriculture or designee has first been obtained.

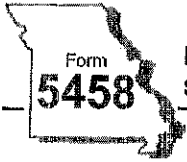
This Statement of Confidentiality shall not in any way affect the rights provided to all state employees pursuant to RSMo. 105.055 popularly known as the Whistleblower Statute.

Any member of the Human Resource Program who fails to maintain the confidentiality of this Department shall be subject to departmental discipline up to and including termination from employment.

I, _____, have read the Statement
(Print Name)
Of Confidentiality set forth above and agree to comply with the policy.

Sign

Date



Missouri Department of Revenue
Statement of Individual Income Tax

First Name	Last Name	Social Security Number			
Home Address		City	State	Zip Code	
Telephone Number		E-mail Address			

Indicate the year(s) in which you were not required to file a Missouri Individual Income Tax Return and provide an explanation why you were not required to file.

Not Required to File	Income Tax Year 20 <input type="text"/>
	Please explain:
Income Tax Year 20 <input type="text"/>	
Please explain:	
Income Tax Year 20 <input type="text"/>	
Please explain:	

Please fax letter of compliance to Missouri Department of Agriculture, Human Resources at (573) 522-5692.

Would you like for your employer to receive written confirmation regarding your compliance with Missouri income tax? Yes No

If yes, please provide your employer's fax number (5 7 3) 5 2 2 - 5 6 9 2

Signature Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct. I certify that for the year(s) shown above, I was not obligated to file a Missouri Individual Income Tax Return for the reason(s) indicated. I further release the Missouri Department of Revenue to disclose the findings thereof to my prospective employer.

Printed Name	Signature	Date (MM/DD/YYYY)

Mail to: Discovery
P.O. Box 3900
Jefferson City, MO 65105-3900

Phone: (573) 522-3620
Fax: (573) 526-7939
E-mail: tcsincome@dor.mo.gov