R-Payroll
Current Retiree
Empl#

UNIVERISTY OF MISSOURI SYSTEM STATEMENT OF TAX RESPONSIBILITY

I,(printed name)	, a resident of		, formally	
request the University of Missour	i not withhold Missouri	income taxes from my pay d	lue to the	
following circumstance:				
I am performing	services for the University	ity outside of Missouri and r	reside outside of	
Missouri.				
I am receiving a	pension benefit and resid	de outside of Missouri.		
I am a beneficia	ry receiving a pension be	enefit and reside outside of M	⁄lissouri.	
In doing so, I realize that I accept full responsibility for paying income taxes to my state of residence by				
means required of said state, (e.g	, by filing Estimated Inc	ome Tax returns or other me	eans that may be	
required by the state). This reque	st will continue until a ne	ew form is submitted indicat	ing a change in my	
state of residence. If I become a resident of Missouri, I will fill out the appropriate Missouri W-4 or W-				
4P form to initiate Missouri taxes.				
(Signature)		-		
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(Employee ID)			11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Date)		Moc	CCXXXX	