_	Form Department Use Only (MM/DD/YY)		
Socia	al Security Number		
Taxpayer Name			
Addre	Address City		ZIP Code
E-ma	ail Address		
Affidavit	I have been unable to obtain a Form W-2 from my employer, named below, and have so notified the Taxation Division. The amounts shown below are my best estimates of the gross wages paid to me a Missouri state income tax withheld and F.I.C.A. employee tax withheld by this employer during the for Tax Year 2 0	nd the federal in	come tax withheld,
Employer	Business Name Owner Name		
	Address City	State	ZIP Code
	Gross Wages Federal Tax Withheld Missouri State Tax Withheld	F.I.C.A. Employe	
			. 00
Reason	Please indicate the reason Form W-2 was not obtained from this employer. Provide an expla estimated figures and attach copies of check stubs or other documentation pertinent to this calcul	nation of how lation.	you arrived at the
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is the Signature of Employee Printed Name Date Signed (M		and correct.
Form 548 (Revised 05-2018)			
Taxation Division Phone: (573) 751-3505 Visit dor.mo.gov P.O. Box 500 Jefferson City, MO 65105-0500 Fax: (573) 522-1762 Visit dor.mo.gov E-mail: income@dor.mo.gov for additional information. 16357010001 16357010001			