MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION

EMPLOYEE'S SUBSTITUTE WAGE AND TAX STATEMENT

FORM **548** (REV. 1-2000)

NAME	SOCIAL SECURITY NUMBER

ADDRESS	CITY	STATE	ZIP CODE

I have been unable to obtain a Form W-2 from my employer, named below, and have so notified the Missouri Department of Revenue, Division of Taxation and Collection. The amounts shown below are my best estimates of the gross wages paid to me and the Federal income tax withheld, Missouri state income tax withheld and F.I.C.A. employee tax withheld by this employer during the tax year 20 _____ .

NAME OF BUSINESS	NAME OF OWNER

BUSINESS ADDRESS	CITY	STATE	ZIP CODE

GROSS WAGES	FED. INCOME TAX WITHHELD	MO. STATE INCOME TAX WITHHELD	F.I.C.A. EMPLOYEE TAX WITHHELD

Please indicate the reason Form W-2 was not obtained from this employer. Provide an explanation of how you arrived at the estimated figures and attach copies of check stubs or other documentation pertinent to this calculation.

SIGNATURE OF EMPLOYEE	DATE