THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

State Tax Withholding Election

This form must be signed by the person who is making a state tax withholding election. If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.

If you do not return this completed form to the Board of Pensions, state tax may be withheld from your benefit payment based on the requirements of the Internal Revenue Service and your state of residency.

Your personal information

Name *(first, middle, last)*	Last 4 digits of SSN

State withholding

If you do not reside in one of the states listed in the three paragraphs below, do not complete this form. Because you do not reside in a state which requires a state tax withholding, no state taxes will be withheld. Consult your personal tax professional and/or your state's tax withholding instructions for guidance to complete this form.

- If you reside in ARKANSAS, CALIFORNIA, DELAWARE, GEORGIA, IOWA, KANSAS, MAINE, MICHIGAN, NORTH CAROLINA, OKLAHOMA, OREGON, VERMONT, or VIRGINIA, you may elect to have state income tax withheld regardless of your federal income tax election. State income tax withholding is not required by these states if federal income tax is withheld; however, you must make a clear election. Please make the appropriate election by checking one of the boxes below.
- If you reside in MASSACHUSETTS or NEBRASKA, you must have state income taxes withheld, unless you elected to NOT have federal income tax withheld from your pension payment. If you elect to have federal income tax withheld and you do not make a state income tax election, state income tax withholding will be made based on what is required by your state of residency.
- If you live in CONNECTICUT, do not complete the section below; you must complete the Withholding Certificate for Pension or Annuity Payments, Form CT-W4P. **If you do not return the completed CT-W4P form or if the form is not properly completed, we will withhold 6.99% of your pension payment.**

Please indicate your state of residency for tax purposes: _____

☐ **NO**, do not withhold state income tax.

☐ **YES**, withhold state income tax based on the information provided in items 1 through 3 below.

1. Number of allowances *(If you are requesting withholding but have no allowances, enter "0.")* _____
2. Marital status *(check one)* ☐ Single ☐ Married ☐ Married but withholding at higher, single rate
3. Additional amount, if any, you wish to have withheld $ _____
   (Note: You may not enter an amount here without first entering the number of allowances, including zero, on line 1.)

Federal withholding

To make a federal tax withholding election, please complete form W-4P, which can be found on irs.gov.

Authorization

Authorized signature *(required)*	Date *(mm/dd/yyyy)*

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)