



Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Your Personal Information

Name *(first, middle, last)*

SSN

Tax Withholding Election

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

Federal

Indicate whether you want federal income tax withheld from your monthly pension payment. To determine your withholding allowances, visit the IRS website (irs.gov/pub/irs-pdf/p15.pdf) or consult your tax professional.

Complete the following applicable lines.

1. Check here if you **do not want any** federal income tax withheld from your pension or disability payment.
(Do not complete line 2 or 3.)

2. Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or disability payment. *(If you are requesting withholding but have no allowances, enter "0." You also may designate an additional dollar amount on line 3.)* Enter number of allowances _____

Marital status *(check one)*: Single Married Married, but withhold at higher Single rate.

3. Additional amount, if any, you want withheld from each pension or disability payment. **(Note.** For periodic payments, you cannot enter an amount here without entering the number (including "0") of allowances on line 2.) \$ _____

State

If you do not reside in one of the states listed in the two paragraphs below, please go to Member's signature, below. 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.

Please indicate your state of residency for tax purposes: _____

Complete the following applicable lines.

1. Check here if you **do not want any** state income tax withheld from your pension or disability payment.
(Do not complete line 2 or 3.)
2. Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or disability payment. (If you are requesting withholding but have no allowances, enter "0." You also may designate an additional dollar amount on line 3.) Enter number of allowances _____

Marital status (check one): Single Married Married, but withhold at higher Single rate.

3. Additional amount, if any, you want withheld from each pension or disability payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including "0") of allowances on line 2.) \$ _____

Member's signature (required)

Date (mm/dd/yyyy)