



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

Your personal information

Name *(first, middle, last)*

Last 4 digits of 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 or disability payment. To determine your withholding allowances, visit the IRS website (irs.gov/pub/irs-pdf/p15.pdf).

No Federal withholding

NO, do not withhold federal income tax from my pension or disability payment. (If selected, go to State section below.)

Request Federal withholding

YES, withhold federal income tax from my pension or disability payment 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 from your monthly pension payment *(Note: You may not enter an amount here without first entering the number of allowances, including zero, on line 1.)* \$ _____



State

If you do not reside in one of the states listed in the three 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.
- 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 State withholding

NO, do not withhold state income tax from my pension or disability payment.

Request State withholding

YES, withhold state income tax from my pension or disability payment 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 from your monthly pension payment *(Note: You may not enter an amount here without first entering the number of allowances, including zero, on line 1.)* \$ _____

Authorized signature *(required)* _____

Date *(mm/dd/yyyy)* _____

Tax Withholding

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