

FEDERAL & MINNESOTA STATE Income Tax Withholding Request

Full Name	
Street Address	
City, State, & Zip Code	Social Security # XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Home Phone

Please check if you are providing new contact information above.

	FEDERAL Choose one of four options:	MINNESOTA ** Choose one of four options:
1. Flat Amount <i>This choice means that my tax withholding amount will not be adjusted as my monthly retirement benefit increases.</i>	\$ _____ .00 Monthly	\$ _____ .00 Monthly
2. Percentage * <i>This choice means that my withholding amount will be adjusted as my monthly benefit increases.</i>	_____ %	_____ %
3. Tax Tables* <i>This choice means that my tax withholding amount will be adjusted as my monthly retirement benefit increases.</i> Current tax tables available on our website at www.sptrfa.org \ RetiredMembers\TaxInformation.	<input type="checkbox"/> Single Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>	<input type="checkbox"/> Single Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>
	<input type="checkbox"/> Married Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>	<input type="checkbox"/> Married Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>
4. No Withholding <i>This choice means that there will be nothing withheld from my monthly benefit.</i>	<input type="checkbox"/> Withhold no Federal tax	<input type="checkbox"/> Withhold no Minnesota tax

*Taxes are calculated on the taxable portion of your pension.

** If you are no longer a Minnesota resident for income tax purposes, please select the 'Withhold no Minnesota tax' option. SPTRFA cannot withhold taxes for other states.

Signature _____ **Date** _____

You are responsible for your own tax liability. Please contact a tax professional for withholding advice.