

Authorized Payroll Deductions

Type of Request	Type of Payment
<input type="checkbox"/> New Request	<input type="checkbox"/> Retiree
<input type="checkbox"/> Change to current tax withholding	<input type="checkbox"/> Survivor

PART A: MEMBER INFORMATION

Last Name:	First Name:	Middle Initial:	
Email:	Phone #:	SSN:	
Address:	City:	State:	Zip:

PART B: FEDERAL INCOME TAX WITHHOLDING

Choose one option below.

#1 Do not withhold federal income tax from my monthly benefit. I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If I am a U.S. Citizen or resident alien whose benefit payments are delivered outside of the U.S. or its possessions, I *must* have federal income tax withheld.)

#2a Using the marital status and exemptions below, calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15.

Marital Status: Married Single Married at Single Rate Total Exemptions _____

#2b Additional amount, if any, in addition to amount calculated in 2a \$ _____

#3 Flat amount \$ _____ OR Percent _____ %

PART C: STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one option below. (You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

#1 Do not withhold state income tax from my monthly benefit. I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

#2a Using the exemptions below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.

Personal Exemptions _____ Age and Blindness Exemptions _____ Total Exemptions _____

#2b Additional amount, if any, in addition to amount calculated in 2a \$ _____

#3 Flat amount \$ _____ OR Percent _____ %

Service-Connected Disability Retirees do not have taxes withheld from their retirement benefit checks.

Monthly credit union deductions are available by completing a secondary direct deposit form.

I hereby acknowledge receipt of the "Preparing for Retirement", "Preparing for Disability Retirement" or "DROP EXIT" Guide and I am aware of the provisions explained therein. I request for the above deductions to be taken from my monthly retirement benefit.

Signature _____ Date _____

Please return this form to: