**Wyoming RETIREMENT SYSTEM**

## INCOME TAX WITHHOLDING

Complete this form and return to WRS at the address, fax number or email below.

Name: _____ Last 4-digits of SSN:_____

Address: _____

City:_____ State:_____ Zip: _____

Phone Number: (_____)_____ Email: _____

❒ *Check box if new address*

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### FEDERAL

**FEDERAL Income Tax Withholding (choose one)**

❒ No change from my prior **federal** tax withholding election

❒ Do **not** withhold **federal** income tax

❒ Withhold a flat amount or fixed percentage each month for **federal** taxes
  ☐ Flat Amount **$**_____ (must be whole dollar amount)
  ☐ Fixed Percentage: _____**%** (must be a whole percentage)

❒ Calculate my monthly **federal** tax withholding using IRS tax tables based on my W4 election below:
  ☐ Married    ☐ Single    Number of exemptions (0-99): _____
  **Optional:** Withhold the calculated amount **plus $** _____

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### STATE

**STATE Income Tax Withholding (choose one)**

*If you have questions about your state's income tax please visit with your tax advisor. There is also helpful information on our website at retirement.wyo.gov under the Retiree section.*

❒ No change from my prior **state** tax withholding election

❒ Do **not** withhold **state** income tax OR my state doesn't have state income tax

❒ Withhold a flat amount or fixed percentage each month for **state** taxes
  ☐ Flat Amount **$**_____ (must be whole dollar amount)
  ☐ Fixed Percentage: _____**%** (must be a whole percentage, AZ Excluded)

❒ Calculate my monthly **state** tax withholding using state tax tables based on my W4 election below:
  ☐ Married  ☐ Single    Number of exemptions (0-99): _____
  **Optional:** Withhold the calculated amount **plus $** _____

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**SIGN HERE** ▶ **Signature**_____**Date** _____

*WRS Office Use Only*

Please Note:
➤ Each January you will receive a 1099-R form (Distributions from Retirement Plans) for income tax purposes.
➤ You may update your tax information anytime by *written* instruction to the Wyoming Retirement System. If you are making a change, please return this form by the 15th of any month.