WYOMING RETIREMENT SYSTEM
INCOME TAX WITHHOLDING

Your retirement benefit is income, and the taxable portion **may be** subject to federal and state income tax. Please complete this form and return it to WRS at the address, fax number, or email address shown at the bottom of the page.

Member Information

Legal Name _____ Last 4-digits of SSN _____
Last First MI

Address _____
Street City State Zip

Phone number _____ Email address: _____

FEDERAL

FEDERAL Income Tax Withholding *(please choose one)*

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

❒ Withhold a flat amount or fixed percentage each month for **federal** taxes:

Flat Amount $_____ (must be a whole dollar amount)

Fixed Percentage _____% (must be a whole percentage)

❒ Calculate my monthly **federal** taxes using IRS tax tables based on the selection below:

☐ Married ☐ Single

Number of exemptions (mark One) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Optional: Withhold the calculated amount **plus**: $_____

STATE

STATE Income Tax Withholding *(please choose one)*

If you have questions about your state's income tax, please contact a professional tax advisor. There is also helpful information on WRS's website at retirement.wyo.gov under the Retiree section.

❒ Do **not** withhold **state** income tax, OR my state doesn't have state income tax. **Please mark this one if you live in Wyoming as WY does not have state income tax**.

❒ Withhold a flat amount or fixed percentage each month for **state** taxes:

Flat Amount $_____ (must be a whole dollar amount)

Fixed Percentage _____% (must be a whole percentage, AZ excluded)

❒ Calculate my monthly **state** taxes using states tax tables based on the selection below:

☐ Married ☐ Single

Number of exemptions (mark one) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Optional: Withhold the calculated amount **plus**: $_____

Other Information

- 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.
- Each year, you will receive a 1099-R form from our payment processor Northern Trust for income tax purposes.

Member's Signature *Please Sign*

I authorize the Wyoming Retirement System to withhold income tax from my pension benefit based on my election(s).

▶ _____ _____
Member's Signature Date