

**WYOMING RETIREMENT SYSTEM
STATE TAX WITHHOLDING**

Your retirement benefit is income and the taxable portion may be subject to state income tax. You only need to complete this form if you live in a state with a State Income tax. Please return the completed form to WRS at the address or the fax number, or email address shown at the bottom of the page. **Wyoming does not have a State Income tax. If you are a Wyoming resident, you DO NOT need to complete this form.**

Member Information	Legal Name _____ Last 4-digits of SSN _____ <small style="display: flex; justify-content: space-around; width: 100%;">Last First MI</small> Address _____ <small style="display: flex; justify-content: space-around; width: 100%;">Street City State Zip</small> Phone number _____ Email address: _____
STATE	<p>STATE Income Tax Withholding <i>(please choose one)</i></p> <p><i>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.</i></p> <p><input type="checkbox"/> Do not withhold state income tax, OR my state doesn't have state income tax</p> <p><input type="checkbox"/> Withhold a flat amount or fixed percentage each month for state taxes:</p> <p style="margin-left: 40px;">Flat Amount \$ _____ (must be a whole dollar amount)</p> <p style="margin-left: 40px;">Fixed Percentage _____ % (must be a whole percentage, AZ excluded)</p> <p><input type="checkbox"/> Calculate my monthly state taxes using states tax tables based on the selection below:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p style="margin-left: 40px;">Number of exemptions (circle one) 0 1 2 3 4 5 6 7 8 9 10</p> <p style="margin-left: 40px;">Optional: Withhold the calculated amount plus: \$ _____</p>
Other Information	<ul style="list-style-type: none"> 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 January, you will receive a 1099-R form from our payment processor Northern Trust for income tax purposes.
Member's Signature <i>Please Sign</i>	I authorize the Wyoming Retirement System to withhold State income tax from my pension benefit based on my election(s). _____ Member's Signature _____ Date