

# FEDERAL AND STATE INCOME TAX WITHHOLDING FORM

**VIRGINIA RETIREMENT SYSTEM**  
P.O. Box 2500  
Richmond, Virginia 23218-2500  
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Toll Free 1/888/VARETIR (827-3847)  
[www.varefire.org](http://www.varefire.org)

1. Social Security Number

2. Daytime Phone Number

Complete this form only if: (1) You are a new retiree, or (2) you want to make a change in your withholding. If a completed tax form is not on file, VRS withholds federal income tax based on the rate for a married individual claiming three exemptions and zero exemptions for state taxes.

## PART A. MEMBER INFORMATION

3. Name	(First)	(MI)	(Last)	(Jr./Sr.)
4. Address	(Street)	(City)	(State)	(Zip)
5. Residency Status				
<input type="checkbox"/> US Citizen/Resident Alien	<input type="checkbox"/> Non-resident Alien (Marking this box certifies your status as non-resident alien and that you are not a U.S. citizen or resident alien.)			

## PART B. FEDERAL TAX WITHHOLDING

Choose one option below. If you choose to have tax withheld, you must provide your marital status and the number of allowances.

Do not withhold federal tax from my monthly benefit. I understand that I am liable for payment of federal income tax on the taxable portion of my benefit and that 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 you are a U.S. Citizen or resident alien and your monthly benefit payments are delivered outside the U.S. or its possessions, you *must* have Federal income tax withheld.)

Using the marital status and number of allowances 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 Enter Number of Allowances: \_\_\_\_\_

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ \_\_\_\_\_

## PART C. STATE OF VIRGINIA TAX WITHHOLDING

Choose one option below. If you choose to have tax withheld, you must provide your marital status and the number of allowances.

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

Do not withhold state tax from my monthly benefit. I understand that I am liable for payment of state income tax on the taxable portion of my benefit and that 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.

Using the marital status and number of allowances below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.

Marital Status:  Married  Single Enter Number of Allowances: \_\_\_\_\_

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

