



# Income Tax Withholding

## IMPORTANT NOTICE

This form lets you select the federal income tax withholding for your monthly benefit payment. If you choose not to have federal income tax withheld or if you don't have enough tax withheld, you may have to pay a tax penalty to the Internal Revenue Service (IRS). If you need help choosing a withholding amount, please talk to a professional tax advisor or contact the IRS at 800-829-1040 or [www.irs.gov](http://www.irs.gov). You may change your withholding amount at any time.

## YOUR INFORMATION

EMPLOYER NAME *			ACCOUNT NUMBER		
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *		
MAILING ADDRESS *		CITY *	STATE *	ZIP *	
EMAIL ADDRESS		HOME PHONE	MOBILE PHONE		

## WITHHOLDING SELECTIONS (Please select **ONE** option below)

**OPTION 1:** Please withhold according to IRS withholding tables.

MARITAL STATUS:  MARRIED  SINGLE  MARRIED, but withhold at higher single rate.

NUMBER OF PERSONAL EXEMPTIONS:

(OPTIONAL): Please withhold the following extra amount from each monthly payment:

**OPTION 2:** Do not withhold income tax from my monthly payment.

**YOUR CERTIFICATION** For the account referenced above, this form replaces any previous tax withholding instructions I have sent to TCDRS.

SIGNATURE X	DATE
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\* REQUIRED FIELDS

**Any corrections or whiteouts must be initialed.**