

Check One:

- ERS
- TRS
- JRF

## WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

Member Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Complete the following applicable lines:**

**If you do not complete this information, we are required to withhold as if you are a married individual claiming three exemptions.**

1.  I **do not** want to have federal withholding tax deducted from my monthly pension or annuity. I realize that I am liable for payment of federal income tax on the taxable portion of my pension or annuity 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. **(Sign the form and return to RSA. Do not complete any other areas of this form.)**
  
2.  I want to have federal withholding tax calculated using my marital status and the number of exemptions claimed. **You must complete both lines A and B.**
  - A. Marital Status (Check One)  Single  Married  Married, but withhold at higher Single rate
  - B. Total Exemptions Claimed: \_\_\_\_\_ (if blank, RSA will assume zero (0))
  
3.  I want to have \$\_\_\_\_\_ withheld from my monthly pension or annuity if this amount is **greater** than the amount on the tax tables. If this amount is **less**, I understand that the RSA must withhold in accordance with the tax tables. **You must complete both lines A and B.**
  - A. Marital Status (Check One)  Single  Married  Married, but withhold at higher Single rate
  - B. Total Exemptions Claimed: \_\_\_\_\_ (if blank, RSA will assume zero (0))
  
4.  I want the following additional amount withheld from each pension or annuity payment. **For periodic payments, you cannot enter an amount here without entering the Marital Status on line A. and the number, including zero (0), of allowances on line B.**  
 \$ \_\_\_\_\_
  - A. Marital Status (Check One)  Single  Married  Married, but withhold at higher Single rate
  - B. Total Exemptions Claimed: \_\_\_\_\_ (if blank, RSA will assume zero (0))

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

**Personal income tax questions should be directed to  
your tax advisor, accountant, or Internal Revenue Service Center.**