



# TUCSON SUPPLEMENTAL RETIREMENT SYSTEM MEMBER'S SELECTION OF FEDERAL AND ARIZONA INCOME TAX WITHHOLDING

CITY OF  
TUCSON  
Human Resources  
Retirement Office

Please print legibly. ALL fields must be complete for processing. Incomplete forms will be returned.

Member Name: \_\_\_\_\_  
Member SSN: \_\_\_\_\_  
Member Telephone: \_\_\_\_\_  
Member Address: \_\_\_\_\_

## Federal Income Tax Withholding Preference

The pension payments you receive from the City of Tucson Supplemental Retirement System are subject to Federal income tax withholding. We will calculate withholding on the taxable portion of your payment.

Please check item 1, 2, 3, 4 or 5. If you check 3 please indicate the number of exemptions claimed.

- 1. I do NOT wish to have Federal withholding tax deducted from my benefit. I realize that I am liable for payment of Federal income tax on the taxable portion of my pension, and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.
- 2. I wish to have \$ \_\_\_\_\_ withheld from each monthly benefit check.
- 3. I wish to have the Retirement System determine the amount, if any, of Federal income tax to be withheld in accordance with the tax tables and the exemptions claimed below.  
 Married    Single   Total Exemptions Claimed \_\_\_\_\_
- 4. In addition to #3 above, I wish to have \$ \_\_\_\_\_ withheld from my monthly benefit check.
- 5. No Change

## Arizona State Income Tax Withholding Preference

Please check item 1, 2, 3 or 4:

- 1. I do NOT wish to have State withholding tax deducted from my benefit.
- 2. I wish to have the Retirement System withhold State income tax in the manner prescribed below:  
 0.8%    1.3%    1.8%    2.7%    3.6%    4.2%    5.1%
- 3. In addition to #2 above, I wish to have \$ \_\_\_\_\_ withheld from my monthly benefit check.
- 4. No Change

I understand that if I choose any of these withholding options, it will remain in effect until I revoke or change it. I also understand that I may revoke or change my election at any time.

\_\_\_\_\_  
Signature of Member / Date