



CITY OF
TUCSON

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

Member Name: _____
Member SSN: _____
Member Address: _____

Federal Income Tax Filing Status:

Married Filing Jointly Single or Married Filing Separately Head of Household

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 based on your tax filing status. If you wish to calculate any additional amounts to be withheld, or estimate the impact of other household income and personal allowances, please use the free on-line estimator from the IRS: <https://apps.irs.gov/app/tax-withholding-estimator>.

Please check item 1, or 2. If you check 2, you have the option to use the estimator to calculate additional amounts.

- 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 the Retirement System determine the amount, if any, of Federal income tax to be withheld in accordance with the tax tables based on the filing status noted above.

If you selected option 2 and wish to adjust the amount of withholding (increase or decrease) please check a box:

In addition to withholding based on filing status above, I wish to have \$_____ withheld from my monthly benefit check, this will lower net pay.

Or

To reduce the withholding based on filing status above, I wish to have deduction of \$_____ included in the calculation, this may increase net pay.

Arizona State Income Tax Withholding Preference

Please check item 1, 2, or 3:

- 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.

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