



## Member's Selection of Federal and Arizona Income Tax Withholding Pension

CITY OF TUCSON  
HUMAN RESOURCES  
DEPARTMENT  
RETIREMENT OFFICE

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Federal Income Tax Withholding Preference

The pension payments you receive from the City of Tucson 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, or 3. 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.

\_\_\_\_\_ 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

### Arizona State Income Tax Withholding Preference

Please check item 4 or 5:

\_\_\_\_\_ 4. I do NOT wish to have State withholding tax deducted from my benefit.

\_\_\_\_\_ 5. I wish to have the Retirement System withhold State income tax in the manner prescribed below:

- \_\_\_\_\_ 1.3% of the Gross pension benefit
- \_\_\_\_\_ 1.8% of the Gross pension benefit
- \_\_\_\_\_ 2.7% of the Gross pension benefit
- \_\_\_\_\_ 3.6% of the Gross pension benefit
- \_\_\_\_\_ 4.2% of the Gross pension benefit
- \_\_\_\_\_ 5.1% of the Gross pension benefit

\_\_\_\_\_ Dollar amount of additional Arizona state income tax with holding

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: \_\_\_\_\_ Date: \_\_\_\_\_