



**FLORIDA RETIREMENT SYSTEM
WITHHOLDING CERTIFICATE FOR PENSION PAYMENTS**

PAYEE NAME _____ **PAYEE SOCIAL SECURITY NUMBER** _____

PAYEE SIGNATURE _____ **MEMBER SOCIAL SECURITY NUMBER** _____

DATE _____ **HOME PHONE** () _____ **E-MAIL** _____
(only for contact regarding this form)

- Federal tax withholding amounts are based on *both* Marital Status AND Allowance(s). *Some pension payments are too small for tax to be withheld based on the selection of these two withholding options.*
- You **MUST** complete either Section A, B, or C to select your tax withholding status.
- If you need help with your tax liability, please contact a federal Internal Revenue Service (IRS) office.
- You may also use Online Services at www.frs.myflorida.com to calculate different tax options, submit your withholding status electronically or confirm a Form W-4P has been processed by our office.

INCOMPLETE FORMS WILL BE RETURNED																
Section A (or)	<input type="checkbox"/> I elect <u>NOT</u> to have federal income tax withheld from my monthly pension.															
Section B (or)	I want to have federal income tax withheld from my monthly pension based on: Marital Status AND Allowances <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Single</td> <td style="width: 30%;"><input type="checkbox"/> zero</td> <td style="width: 40%; text-align: right;">Additional Monthly Amount</td> </tr> <tr> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> 1</td> <td style="text-align: right;">(if any)</td> </tr> <tr> <td><input type="checkbox"/> Married Claiming Single</td> <td><input type="checkbox"/> 2</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> other _____</td> <td style="text-align: right;">in addition to calculated tax table amount</td> </tr> <tr> <td></td> <td style="text-align: center;">(number)</td> <td></td> </tr> </table>	<input type="checkbox"/> Single	<input type="checkbox"/> zero	Additional Monthly Amount	<input type="checkbox"/> Married	<input type="checkbox"/> 1	(if any)	<input type="checkbox"/> Married Claiming Single	<input type="checkbox"/> 2	\$ _____		<input type="checkbox"/> other _____	in addition to calculated tax table amount		(number)	
<input type="checkbox"/> Single	<input type="checkbox"/> zero	Additional Monthly Amount														
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<input type="checkbox"/> Married Claiming Single	<input type="checkbox"/> 2	\$ _____														
	<input type="checkbox"/> other _____	in addition to calculated tax table amount														
	(number)															
Section C	I want to have federal income tax withheld from my monthly pension based on: Marital Status AND Allowances <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Single</td> <td style="width: 30%;"><input type="checkbox"/> zero</td> <td style="width: 40%; text-align: right;">For a <u>Total</u> Monthly Amount of:</td> </tr> <tr> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> 1</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> 2</td> <td style="text-align: right;">requested minimum tax withholding amount per month</td> </tr> <tr> <td><input type="checkbox"/> Claiming Single</td> <td><input type="checkbox"/> other _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">(number)</td> <td></td> </tr> </table> <p>I understand that if this Total Monthly Amount is less than the calculated tax table amount, the calculated (greater) amount will be withheld monthly.</p>	<input type="checkbox"/> Single	<input type="checkbox"/> zero	For a <u>Total</u> Monthly Amount of:	<input type="checkbox"/> Married	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> Married	<input type="checkbox"/> 2	requested minimum tax withholding amount per month	<input type="checkbox"/> Claiming Single	<input type="checkbox"/> other _____			(number)	
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<input type="checkbox"/> Claiming Single	<input type="checkbox"/> other _____															
	(number)															

PAYEE MAILING ADDRESS:

Number, Street

City

State _____ ZIP _____

Email: _____

(only for contact regarding this form)

COMPLETE AND MAIL TO:

DIVISION OF RETIREMENT
RETIRED PAYROLL SECTION
PO BOX 3090
TALLAHASSEE FL 32315-3090

OR FAX TO:
(850) 410-2193

Contact us toll-free (888) 377-7687 or
locally at (850) 488-4742 for questions.
Email: Retired@dms.myflorida.com
Website: www.frs.myflorida.com