

Full Name

State of Indiana Annuitant's Request for State and County Income Tax Withholding (Please Type or Print Clearly)

Social Security Number

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lome Addre	ess (number and street)			1	
City, State, a	and Zip code				
A. Annuity	contract claim or identification number		A		
B. Enter th	e amount of Indiana state tax to be withheld from each annuity or pension payment		В. \$		
C. Enter yo	our 2-digit county code and the amount of county tax to be withheld from each annuity	or or			
pension	payment		C. \$		
D. Total an	nount withheld: add line B plus line C (must be \$10 or more)		D. \$		
request vol	untary income tax withholding from my annuity or pension payments.				
	Signature of Annuitant	Date		-	

reported to you on a W-2P at the end of each year as Indiana State and County Tax Withheld. Beginning January 1, 2009 an annuitant can request the payor of an annuity or pension to withhold a portion of their pension or annuity to offset their county tax liability under IC 6-3.5.

You may select any amount over \$10.00 to be withheld from your annuity or pension payment. This withholding will be

Enter an amount of state tax that you wish to have withheld from each check.

Enter your 2-digit county code and the amount of county tax to be withheld from each annuity or pension payment

Send this form to the person or company paying your pension. **Do not** send this to the Department of Revenue.

Enter the Contract, Policy, or Account Number to which the request applies.

Total amount withheld: add line B plus line C (must be \$10 or more)