

REQUEST FOR INCOME TAX WITHHOLDING



VIRGINIA RETIREMENT SYSTEM
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Toll-free 1-888-827-3847
Fax 1-804-786-9718
www.varetire.org

1. Social Security Number

2. Phone Number

Complete this form to request or make changes to your income tax withholding. If a completed VRS-15 is not on file, VRS withholds federal income tax based on the rate for a married individual claiming three exemptions and state income tax based on the rate for zero exemptions. Refer to the back of this form to calculate exemptions.

PART A. REQUESTOR INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and ZIP+4) <input type="checkbox"/> Check here if a new mailing address	
5. Type of Request <input type="checkbox"/> New Request <input type="checkbox"/> Change to current withholdings	6. Type of Payment (Choose payments affected by this change) <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor <input type="checkbox"/> Third Party
7. Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien (Marking this box certifies your status as non-resident alien and that you are not a U.S. citizen or resident alien)	

PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one option below. If you choose to have income tax withheld, provide marital status and number of exemptions.

- Do not withhold federal income tax from my monthly benefit. I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If I am a U.S. Citizen or resident alien whose benefit payments are delivered outside the U.S. or its possessions, I *must* have federal income tax withheld.)
- Calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15 based on the following selections:
- Marital Status for Federal Taxes: Single Married
- Number of Exemptions: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one option below. If you choose to have income tax withheld, provide marital status and number of each exemption type.

(You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

- Do not withhold state income tax from my monthly benefit. I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
- Calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication based on the following selections:
- Marital Status for State Taxes: Single Married
- Exemptions: Personal: _____ Age and Blindness: _____ Total: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

Signature _____

Date _____



Completing Part B. Federal Income Tax Withholding

For detailed information about federal income tax withholding, refer to the Internal Revenue Service (IRS) website at www.irs.gov to review the IRS Form W-4P. The "Personal Allowances Worksheet" from the W-4P is provided below for calculating exemptions for federal income tax purposes. Review the IRS Form W-4P for additional information about other worksheets that might apply.

- A** Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: a) You're single, or married filing separately, and have only one pension; or **D** _____
b) You're married filing jointly, have only one pension and your spouse has no income subject to withholding; or
c) Your income from a second pension or a job, or your spouse's pension or wages (or the total of all), is \$1,500 or less.
- E** **Child tax credit.** See IRS Pub. 972, Child Tax Credit, for more information. **E** _____
- If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "0"
- F** **Credits for other dependents:** **F** _____
- If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents. (For example, enter "0" for one dependent, enter "1" if you have two or three dependents or enter "2" if you have four dependents.)
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "0"
- G** **Other Credits.** If you have other credits, see Worksheet 1-6 of IRS Pub. 505 and enter the amount from that worksheet here **G** _____
- H** Add lines A through G and enter the total here. **H** _____

Note: For complete accuracy, you may need to complete other worksheets that apply. Please refer to IRS Form W-4P for additional information.

Completing Part C. State Income Tax Withholding

For detailed information about state income tax withholding, refer to the Virginia Department of Taxation web site at www.tax.virginia.gov to review the Virginia Form VA-4P. The "Personal Exemption Worksheet" from the VA-4P is provided below for calculating exemptions for state income tax purposes.

Calculate Personal Exemptions

- | | | |
|----------|---|----------------|
| 1 | Enter "1" for yourself . | 1 _____ |
| 2 | If you are married and your spouse is not claimed on his or her own certificate, enter "1". | 2 _____ |
| 3 | Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.) | 3 _____ |
| 4 | Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld. | 4 _____ |

Calculate Exemptions for Age and Blindness

- | | | | |
|----------|--|---|-----------------|
| 5 | Age: | a) If you will be 65 or older on January 1, enter "1". | 5a _____ |
| | | b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1". | 5b _____ |
| 6 | Blindness: | a) If you are legally blind, enter "1". | 6a _____ |
| | | b) If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1". | 6b _____ |
| 7 | Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld. | 7 _____ | |