

REQUEST FOR INCOME TAX WITHHOLDING



VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500 ♦ Richmond, VA 23218-2500
Toll-free 1-888-827-3847
Fax 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 a filing status of single claiming no adjustments and state income tax based on the rate for zero exemptions. Refer to the instructions to determine your withholding.

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. 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:

Exemptions: Personal: _____ Age and Blindness: _____ Total: _____

To withhold an amount in addition to the calculated tax, enter the amount per month: \$ _____



PART C. FEDERAL INCOME TAX WITHHOLDING**Federal Filing Status**

- Single or Married filing separately Married filing jointly or Qualifying widow(er)
- Head of household (Check only if you are unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Choose one option below. If you choose to have income tax withheld, complete all three sections for withholding if they apply to you.

- 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:

Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you 1) have income from a job or more than one pension/annuity, or 2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Complete the items below:

- a) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered in Other Adjustment item a) for the jobs, less the deductions entered in Other Adjustments item b) for the jobs. Otherwise, enter \$0. a) \$ _____
- b) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise enter \$0. b) \$ _____

Total of amounts from items a) and b): \$ _____

TIP: To be accurate, submit an IRS Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see Form W-4P instructions at irs.gov/pub/irs-pdf/fw4p.pdf.

If you do not enter a value in a) above and this pension/annuity pays the most annually, complete the Claim Dependent and Other Credits section and Other Adjustments items a) and b) below. Otherwise, do not complete these items:

Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add other credits, such as foreign tax credit and education tax credits \$ _____

Total of amounts for qualifying children, other dependents, and other credits: \$ _____

Other Adjustments (Optional)

- a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends. a) \$ _____
- b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on Page 3. Enter the results here. b) \$ _____
- c) **Extra withholding.** Enter any additional tax you want withheld from **each payment**. c) \$ _____

Signature (Form not valid unless you have signed it.) _____

_____ Date

Completing Part B. 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 B 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". | 5 | 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". | 6 | 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 B if you choose to have state income tax withheld. | | 7 | | _____ |

Completing Part C. Federal Income Tax Withholding

For detailed information about federal income tax withholding, view the IRS Form W-4P instructions at irs.gov/pub/irs-pdf/fw4p.pdf. Use this Deductions Worksheet to determine the amount to be entered into Other Adjustments item b.

- | | | | | |
|---|---|---|----|-------|
| 1 | Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. | 1 | \$ | _____ |
| 2 | Enter one of: <ul style="list-style-type: none">• \$25,900 if you're married filing jointly or qualifying widow(er)• \$19,400 if you're head of household• \$12,950 if you're single or married filing separately | 2 | \$ | _____ |
| 3 | If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter \$0. | 3 | \$ | _____ |
| 4 | If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none">• \$1,750 if you're single or head of household• \$1,400 if you're a qualifying widow(er) or married and one of you is under age 65• \$2,800 if you're married and both of you are age 65 or older Otherwise, enter \$0. See IRS Pub. 505 for more information. | 4 | \$ | _____ |
| 5 | Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See IRS Pub. 505 for more information. | 5 | \$ | _____ |
| 6 | Add lines 3 through 5. Enter the result as Other Adjustments item b | 6 | \$ | _____ |