



TAX WITHHOLDING CERTIFICATE

MEMBER INFORMATION		
Last Name	First Name, MI	Social Security Number* - - -
Date of Birth / /	Retirement Number (leave blank if unknown)	Retirement System
Retiree Mailing Address		
<input type="checkbox"/> Check if New Address		
City	State	Zip Code
Daytime Phone Number ()	Email Address	

FEDERAL INCOME TAX WITHHOLDING – Please choose only <u>one</u> .
<input type="checkbox"/> Do not withhold federal income tax.
<input type="checkbox"/> Withhold federal income tax on the amount of \$ _____ per month.
<input type="checkbox"/> Withhold federal income tax based on the tax tables for: <ul style="list-style-type: none"> <input type="checkbox"/> Married individual with _____ tax withholdings exemptions. <input type="checkbox"/> Single individual with _____ tax withholding exemptions. <input type="checkbox"/> In addition to the amount withheld, withhold \$ _____ per month.

MONTANA STATE INCOME TAX WITHHOLDING – Please choose only <u>one</u> .
<input type="checkbox"/> Do not withhold State of Montana income tax.
<input type="checkbox"/> Withhold State of Montana income tax in the amount of \$ _____ per month.
<input type="checkbox"/> Withhold State of Montana income tax based on (#) _____ of exemptions. <ul style="list-style-type: none"> <input type="checkbox"/> In addition to the amount withheld, withhold \$ _____ per month.

Effective Month _____

REQUIRED SIGNATURE	
Retiree Signature	Date