



## 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 in the amount of \$ _____ per month.
<input type="checkbox"/> Withhold federal income tax based on the tax tables for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Married individual with _____ tax withholdings exemptions.</li> <li><input type="checkbox"/> Single individual with _____ tax withholding exemptions.</li> <li><input type="checkbox"/> In addition to the amount withheld, withhold \$ _____ per month.</li> </ul>

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"> <li><input type="checkbox"/> In addition to the amount withheld, withhold \$ _____ per month.</li> </ul>

Effective Month \_\_\_\_\_

REQUIRED SIGNATURE	
Retiree Signature	Date