



Department of Administrative Services

Division of Employee Benefits
Employees Retirement System

TO: ALL MILWAUKEE COUNTY RETIREES

RE: FEDERAL TAX WITHHOLDING

The pension payments you receive from the Employees' Retirement System of the County of Milwaukee are subject to Federal Income Tax Withholding. Tax withholding is applied to the taxable portion of the gross amount of your pension payment.

EVERYONE must file a Withholding Allowance Certificate. If you do NOT FILE a certificate, the law requires ERS to withhold taxes from your pension payments as if you are married claiming three withholding allowances.

Your election will cancel all prior certificates filed and will remain in force until YOU revoke or change it. You may change your election by signing a new certificate and filing it with this office.

Please complete the certificate below:

- A. You may adjust the amount of tax withheld by completing Box A, indicating whether you are married or single and indicating the appropriate number of allowances, or
B. You may elect to have NO tax withheld by completing Box B, or
C. You may choose an additional withholding amount by completing Box C.

If you FAIL TO FILE a withholding Certificate or elected NOT to have any taxes withheld or if you do NOT have enough Federal Income Taxes withheld from your pension, you may be responsible for the payment of estimated tax. You may incur penalties under the Federal Estimated Tax rules if your withholding and estimated tax payments are not sufficient.

If you are currently receiving an accidental disability pension allowance, your pension is currently exempt from Federal Income Tax; however, you still must complete a tax withholding election form.

MILWAUKEE COUNTY RETIREES' WITHHOLDING ALLOWANCE CERTIFICATE
FEDERAL INCOME TAXES

SUB
W4-P
2009

Print Name

Social Security
Number

Address

City

State

Zip

Please complete ONLY ONE of the following:

A. I elect Federal Income Taxes TO BE WITHHELD from my pension payment.
I am (Married - Single) and wish claim allowances.
(Circle Only One) (Number)

B. I elect NOT TO HAVE any Federal Income Tax withheld from my monthly pension payment.

C. I elect to have the following TOTAL AMOUNT deducted monthly for Federal Income Taxes.
\$

Signature

Date