



EMPLOYEES' RETIREMENT SYSTEM

Milwaukee County

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TO: **ALL MILWAUKEE COUNTY RETIREES**

As we have **NO** way of knowing what your Wisconsin State Tax Status is, each retiree should make his or her own determination by completing the Certificate below.

EVERYONE must file a Wisconsin State Withholding Exemption Certificate. If you do **NOT FILE** a State withholding certificate, we must deduct Wisconsin State Taxes in accordance with the marital status and number of exemptions you elected on your Federal Withholding Certificate. If on the Federal Withholding Certificate you elected **NO** Taxes be withheld or you elected to have a specific dollar amount withheld, you will have **NO** taxes withheld for the State of Wisconsin.

If you became a member of the County Retirement System **on or before December 31, 1963**, your pension for Wisconsin State Tax purposes is reportable but excludable at the present time, If you become a member of the Retirement System **on or after January 1, 1964**, your pension is **TAXABLE INCOME** for Wisconsin State Tax purposes. **(WISCONSIN RESIDENTS)**

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

Courthouse Room 210-C - 901 N 9th Street - Milwaukee, WI 53233 - 278-4144

"DO NOT CUT"

SUB MILWAUKEE COUNTY RETIREES' WITHHOLDING ALLOWANCE CERTIFICATE
W4-P **STATE INCOME TAXES**

2000 Social Security
Print Name _____ Number _____

Address _____ City _____ State _____ Zip _____

Please complete **ONLY ONE** of the following:

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

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

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

Signature _____ Date _____