



CT TEACHERS' RETIREMENT BOARD
 765 ASYLUM AVENUE HARTFORD, CT 06105-2822
An Affirmative Action/Equal Opportunity Employer
 Toll-Free 1-800-504-1102 (860) 241-8408 Fax (860) 525-6018 www.ct.gov/trb

FEDERAL AND CT TAX WITHHOLDING CHANGE FORM

Complete the section(s) you intend to change.

| | |
|--|-------------------|
| Name (please print) | Social Security # |
| Address (check this box if this is a new address) <input type="checkbox"/> | Email |
| City, State, Zip | Phone |

FEDERAL TAX WITHHOLDING CHANGE REQUEST

Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your monthly benefit payment. (Do not complete line 2 or 3.)
- Total number of allowances and marital status you are claiming for withholding from each monthly benefit payment. (You also may designate an additional dollar amount on line 3.)

 Marital status: Single Married Married, but withhold at higher Single rate (Enter number of allowances)
- Additional amount, if any**, you want withheld from each monthly benefit payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.). Whole dollar amounts only. \$ _____ .00

CONNECTICUT TAX WITHHOLDING CHANGE REQUEST

We can only withhold State taxes for the State of Connecticut. If you have any questions on your Connecticut tax obligation, contact the Department of Revenue Services at 1-800-382-9463 (in CT) or 1-860-297-5962 (from anywhere) or visit their website @ www.ct.gov/drs.

- Check here if you **do not want any** Connecticut income tax withheld from your monthly payment.
- Check here to elect to have \$ _____ withheld monthly for Connecticut Income Tax.
(Specify whole dollar amounts only)

| | |
|---------------------------------------|------|
| Monthly Benefit Recipient's Signature | Date |
|---------------------------------------|------|

CTRB does not acknowledge the receipt of individual forms. CTRB must receive the completed form by the 1st of the month in order for the change to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.) We require that the net monthly amount payable to the member be at least \$10 after all deductions.