



# Milwaukee County Retirement Plan Services

901 N. 9th Street, Courthouse, Room 210-C  
Milwaukee, WI 53233  
(414) 278-4207 (877) 652-6377  
[www.County.Milwaukee.Gov/Retirement](http://www.County.Milwaukee.Gov/Retirement)

## 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 the office listed above.

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 choose an additional withholding amount by completing Box B, or
- C. You may elect to have NO tax withheld by completing Box C.
- D. You may elect a specific monthly withholding amount (not less than \$5.00) by completing Box

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. Any questions concerning this matter should be addressed to your personal tax advisor or local office of the Internal Revenue Service.

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

SUB W4-P 2011

### MILWAUKEE COUNTY RETIREE WITHHOLDING ALLOWANCE CERTIFICATE FEDERAL INCOME TAXES

NAME		SSN
ADDRESS		
CITY	STATE	ZIP CODE

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

B.  In addition to the amounts withheld by checking and completing Box A, I elect to have the following **ADDITIONAL AMOUNT** withheld monthly for Federal Income Taxes. \$\_\_\_\_\_.

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

D.  I elect to have the following **TOTAL AMOUNT** withheld monthly for Federal Income Taxes.  
\$\_\_\_\_\_ (minimum of \$5.00)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

