

OKLAHOMA TEACHERS' RETIREMENT SYSTEM
P.O BOX 53524 - OKLAHOMA CITY, OK 73152
405-521-2387 OR TOLL FREE 1-877-738-6365
www.ok.gov/trs

MONTHLY TAX WITHHOLDING REQUEST

Name SSN# or Ret#

Address

City State Zip Phone#

This form is only for retired member receiving a monthly retirement benefit.

This document must be received, and validated as complete, by the 15th of the month to be effective for the next benefit payment. A payroll change letter will be mailed to you before the end of the month notifying you of your benefit changes, new withholding and deduction amounts, and the net pay amount of your next benefit payment.

PLEASE SELECT ONLY ONE OPTION LISTED BELOW

Option 1:

Option 1 will reflect the tax withholding table that matches your gross retirement. If your retirement benefit or the tax withholding tables change, your net benefit may change as well. You will be notified of any changes through a Payroll Change letter each time your benefit payment amount changes.

Status: Single Married

Number of Exemptions: _____

Extra (if any) to be withheld on top of calculated tax withholding: Federal \$ _____ State \$ _____

I elect to opt out of: Federal State

Option 2:

Option 2 will reflect the dollar amount you requested to be withheld. This amount will not change unless you specifically request another change in writing. OTRS does not withhold state taxes for any state other than Oklahoma.

Federal Tax Dollar Amount to be Withheld: _____

Oklahoma State Tax Dollar Amount to be Withheld: _____

Please make the tax withholding change that I have indicated above.

Signature

Date