



INCOME TAX WITHHOLDING REQUEST



Phone: (757) 664-4738
 Email: retirement@norfolk.gov
 Website: www.norfolk.gov/retirement
 Form No: 3105
 Active No:

Instr. Complete this form to request or make changes to your income tax withholding.
 Refer to the back of this form to calculate exemptions.

PART A. REQUESTOR INFORMATION

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| 1. Member Name (First, Middle Initial, Last) | |
| 2. Home Address (Street, City, State, Zip+4) | |
| 3. Phone Number | 4. Social Security Number |
| 5. Type of Request <input type="checkbox"/> New Request <input type="checkbox"/> Change Withholdings | 6. Type of Payment <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary |

PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one. If you choose to have income tax withheld, provide marital status and number of exemptions.

Do not withhold federal income tax from my monthly benefit.

I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
 If I am a U.S. Citizen or resident alien whose benefit payments are delivered outside the U.S. or its possessions, I **must** have federal income tax withheld.

Calculate my federal income tax withholding (if any) pursuant to the tax formula in IRS Publication 15 based on the following selections:

Marital Status for Federal Taxes: **Single** **Married** **Married, but use Single rate**
 Number of Exemptions: _____
If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one. If you choose to have income tax withheld, provide marital status and each exemption type.

Do not withhold state income tax from my monthly benefit.

I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
 If I reside outside of Virginia, I am not required to have Virginia income tax withheld.

Calculate my state income tax withholding (if any) pursuant to the tax formula in the Virginia Income Tax publication based on the following selections:

Exemptions: Personal: _____ Age and Blindness: _____ Total: _____
If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

PART D. AUTHORIZATION

| | |
|---------------------|---------------------------|
| 1. Signature | 2. Date (m/d/yyyy) |
|---------------------|---------------------------|

Completing Part B. Federal Income Tax Withholding

For detailed information, visit the Internal Revenue Service (IRS) at www.irs.gov and review Form W-4P. The "Personal Allowances Worksheet" from Form W-4P is provided below for calculating federal income tax exemptions. Review IRS Form W-4P for additional information about other worksheets that might apply.

| | | |
|---|-----------|--|
| A Enter "1" for yourself if no one else can claim you as a dependent. | A | |
| B Enter "1" if: a) You are single and have only one pension; or b) You are married, have only one pension and your spouse has no income subject to withholding; or c) Your income from a second pension or a job, or your spouse's pension or wages (or the total of all), is \$1,500 or less. | B | |
| C Enter "1" for your spouse . You may choose to enter "0" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "0" may help you avoid having too little tax withheld.) | C | |
| D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. | D | |
| E Enter "1" if you will file as head of household on your tax return. | E | |
| F Child Tax Credit (including additional child tax credit): If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child, then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. | F | |
| G Add lines A through F for total Personal Exemptions. Enter this number in Part B if you choose to have federal income tax withheld. Note: This may be different than the number of exemptions you claim on your tax return. | 6b | |

Completing Part C. State Income Tax Withholding

For detailed information, visit the Virginia Department of Taxation at www.tax.virginia.gov and review Form VA-4P. The "Personal Exemption Worksheet" from VA-4P is provided below for calculating state income tax exemptions.

| | | |
|---|-----------|--|
| Calculate Personal Exemptions | | |
| 1 Enter "1" for yourself . | 1 | |
| 2 If you are married and your spouse is not claimed on his or her own certificate, enter "1". | 2 | |
| 3 Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.) | 3 | |
| 4 Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld. | 4 | |
| Calculate Exemptions for Age and Blindness | | |
| 5 Age: a) If you will be 65 or older on January 1, enter "1". | 5a | |
| b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1". | 5b | |
| 6 Blindness: a) If you are legally blind, enter "1". | 6a | |
| If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1". | 6b | |
| 7 Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld. | 7 | |