

FEDERAL INCOME TAX WITHHOLDING FROM PENSION

Full Name: _____

Social Security Number: XXX -XX - ____ _

Please check Box 1, 2 or 3. If you select Box 3, please complete the Exemptions Claimed section.

1. I do not wish to have Federal withholding tax deducted from my benefit. I realize that I am liable for payment of Federal income tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2. I wish to have \$_____ or _____ % withheld from each monthly benefit check.

3. The following exemptions are being claimed and I wish to have the plan administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and the exemptions claimed below.

Married

Number of Exemptions _____

Single

Signature

Date

Please return this form to:

Pension Administration – City of Dearborn
Dearborn Administrative Center
16901 Michigan Ave
Suite 4
Dearborn, MI 48126
DBNpension@ci.dearborn.mi.us
Fax #: (313) 943-2148