



Federal and State Tax Withholding Election Form

Applicable only to amounts from Defined Benefit Periodic Payments



DO NOT RETURN THIS FORM UNLESS YOU WISH TO CHANGE YOUR PRESENT ELECTION

Participant Information	
Participant Name	Social Security Number
Plan Account Number 183544000	Plan Account Name Chattanooga Fire & Police Pension Fund
Participant Signature	Date

FEDERAL Tax Withholding

Even if you select not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your periodic payment. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. For questions regarding your current withholding elections call 423-893-0500 or 1-800-881-9022

Submitting this form will nullify any other elections you may have made prior to this election. Choose only ONE of the following.

NO. I elect not to have Federal income tax withheld from my periodic payment.

YES. I elect to have Federal income tax withheld from my periodic payment. This election will remain until I revoke it.

Withholding Election Status: (check one) Single Married

Number of allowances claimed: _____

Optional: **In addition** to the amount calculated above, withhold this amount \$ _____

STATE Tax Withholding

Choose only ONE of the following:

NO. I elect not to have state income tax withheld from my periodic payment.

YES. I elect to have state income tax withheld from my periodic payment. This election will remain until I revoke it.

The two-letter abbreviation for my withholding state is: _____

Your state may offer calculated or fixed amount withholding options. **Please check with your tax advisor for updated forms.**

Arizona Residents: You need only to complete the section provided for your state's options.

CALCULATED WITHHOLDING-To be completed if your state allows a calculated amount - YES is in the calculated column on the chart.

Withholding Election Status: **Please check with your tax advisor to complete this section.** An "X" Identifies the permitted withholding elections for your state. Please choose a permitted election.

Married (M) Single (S) Married Both Spouses Working (B) Married Filing Jointly (J)

Married One Spouse Working (O) Married Filing Separately (X) Head of Household (H)

Number of allowances claimed: _____

Optional: **In addition** to the amount calculated above, withhold this amount: \$ _____

FIXED WITHHOLDING - To be completed if your state allows a fixed dollar amount-YES is in the fixed column on the chart. I elect to have a fixed amount of \$ _____

ARIZONA State ONLY (Circle One): 0% 10% 19% 23% 25% 31% 37%

Optional: **In addition** to the amount calculated above, withhold this amount \$ _____

Notice of Withholding of Federal Income Tax from Periodic Payments

Federal law requires that periodic payments you receive be subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your periodic payments that is already included in your income subject to Federal income tax and will be like wage withholding. You may change or revoke your previous election at any time by returning a signed and dated election form to the above address. Any election or revocation will become effective on either of the next two pay dates, depending on when your election form arrives in our office. Additional election forms may be obtained by contacting the number below.