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INCOME TAX WITHHOLDING CERTIFICATE FOR PENSION PAYMENTS

| | |
|-----------------------|--------------------------------|
| Payee Name | Payee SSN |
| Mailing Address | Member Name/SSN (if not Payee) |
| City, State, Zip Code | City of Membership |
| Telephone | Email |

FEDERAL INCOME TAX WITHHOLDING ELECTION

Complete the following applicable lines.

1. I elect **not** to have federal income tax withheld from my periodic pension payment (Don't complete lines 2 or 3.)
2. I want my withholding from each periodic pension payment to be calculated using the marital status and number of allowances indicated:
- Single Married Married, but withhold at higher Single rate. Number of Allowances: _____
3. Additional amount, if any, I want withheld from each periodic pension payment: \$ _____

Signature Date

OKLAHOMA STATE INCOME TAX WITHHOLDING ELECTION

Complete the following applicable lines.

1. I elect **not** to have Oklahoma state income tax withheld from my periodic pension payment (Don't complete lines 2 or 3.)
2. I want my withholding from each periodic pension payment to be calculated using the marital status and number of allowances indicated:
- Single Married Married, but withhold at higher Single rate. Number of Allowances: _____
3. Additional amount, if any, I want withheld from each periodic pension payment (rounded to nearest dollar): \$ _____

Signature Date