



CITY OF HARTFORD

PENSION ADMINISTRATION UNIT
550 MAIN STREET HARTFORD, CONNECTICUT 06103
TELEPHONE: (860) 757-9125 FACSIMILE: (860) 722-6068

Complete the federal or state section if you wish to change that election. If you wish to change only one election, leave the other section blank. This change will remain in effect until we receive another form.

Print your name

Social Security Number

Address

City

State

Zip

Phone Number(s)

Email Address

***** **FEDERAL TAX ELECTION** *****

Please select one option below:

1. No withholding. I realize that I am liable for payment of Federal Income Tax on my City of Hartford retirement benefit.

2. I would like to have withholding calculated based on the following marital status and withholding allowances:

Check One: Married Single Married, but withhold at higher Single rate

Withholding Allowances: _____ (will code zero if none is specified)

3. Optional if you elected 2, I wish to have \$_____ withheld from my monthly benefit payment in addition to the withholding based on marital status and withholding allowances

4. Optional if you did not elect 1 or 2, I wish to have \$_____ withheld from my monthly benefit payment. This option is for a flat dollar amount ONLY.

***** **CONNECTICUT TAX ELECTION** *****

We can only withhold State taxes for the state of Connecticut.

1. I elect to have \$_____ (whole dollar amount only, percentages not acceptable) withheld monthly for Connecticut Income Tax.

2. I elect to have NO Connecticut Income Tax withheld from my City of Hartford retirement benefit.

Member's Signature

Date