

# Income Tax Withholding Election For Recipients Of Periodic Payments

Please complete this form and return to the following address:

**Twin City Iron Workers Pension Fund**  
3001 Metro Drive – Suite 500  
Bloomington, MN 55425

**PLEASE READ CAREFULLY AND CHECK ONLY THOSE BOXES THAT APPLY.**

- I elect to have Federal Tax withheld from my pension check based on the following (Check One):**
- I want to withhold federal income tax in the flat dollar amount or percentage of \$ \_\_\_\_\_ from each monthly pension check (please fill in dollar amount or percentage)
  
  - I want to withhold federal income tax withheld from my monthly pension payment based on the following marital status and **allowances**:
    - Single
    - Married
    - Married, but withhold at the higher Single Rate**Total number of allowances I am claiming for withholding:** \_\_\_\_\_

Optional: I wish to have the following additional dollar amount, in addition to the calculated amount, withheld from each pension payment: \$ \_\_\_\_\_

  
  - I want to have federal income tax withheld from my monthly pension at the rate specified in the tax law (This rate assumes that you are married and claiming 3 withholding allowances).
- I elect to have State Tax (Minnesota, North Dakota, and Wisconsin only) withheld from my pension check based on the following (Check One):**
- I want to withhold Minnesota state income tax in the flat dollar amount or percentage of \$ \_\_\_\_\_ from each monthly pension check (please fill in dollar amount or percentage)
  
  - I want to withhold Minnesota state income tax from my monthly pension payment based on the following marital status and **allowances**:
    - Single
    - Married
    - Married, but withhold at the higher Single Rate**Total number of allowances I am claiming for withholding:** \_\_\_\_\_

Optional: I wish to have the following additional dollar amount, in addition to the calculated amount, withheld from each pension payment: \$ \_\_\_\_\_

  
  - I want to have Minnesota state income tax withheld from my monthly pension at the rate specified in the tax law (This rate assumes that you are married and claiming 3 withholding allowances).

-COMPLETE THE BACKSIDE OF THIS FORM-

**I elect not to have any tax withheld from my pension check:** (Please note that even if you elect not to have income tax withheld, you are liable for payment of federal income tax and, in most states, state tax on your monthly pension. 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.)

SIGNED \_\_\_\_\_ PRINT NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_