|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tax Withholding Elections | | | | | | | | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | | | | | | | | |
| Name (printed) | | | | | | | | | | | | | | | | | | |
| Home address | | | | | | | | | | | | | | | | | | |
| City | | | | State | | | | | | | | | | | Zip | | | |
| Social Security Number (only last four digits) | | | | | | XXX-XX- | | | | | | | | | | | | |
| Federal Tax Withholding | | | | | | | | | | | | | | | | | | |
| ***Choose ONLY ONE of the three options below:*** | | | | | | | | | | | | | |  | | | | |
|  | Do not withhold any federal tax from my pension payments | | | | | | | | | | | | |  | | | | |
|  | Withhold a flat amount per month of | | | $ |  | | | | | | | | |  | | | | |
| The Internal Revenue Service tax withholding calculator can be found at <https://apps.irs.gov/app/withholdingcalculator/>  Divide the result by 12 for monthly withholding. This option provides the most accurate withholding. | | | | | | | | | | | | | | | | | |
|  | Withhold based on (check one) | |  | Single | | |  | | | Married | | | |  | | | |  |
|  | | I am claiming this number of exemptions | | | | | |  | | | |  | | | | | | |
|  | | I also want this additional amount withheld | | | | | | $ |  | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Oregon State Tax Withholding | | | | | | | | | | | | | | | | | | |
| ***Choose ONLY ONE of the three options below:*** | | | | | | | | | | | | | | | | | | |
|  | Do not withhold any Oregon tax from my pension payments | | | | | | | | | | | | | | | | | |
|  | Withhold a flat amount per month of | | | $ |  | | | | | | | | |  | | | | |
|  | *The Oregon Department of Revenue tax withholding* calculator can be found at <https://revenueonline.dor.oregon.gov/tap/>  Divide the result by 12 for monthly withholding. This option provides the most accurate withholding. | | | | | | | | | | | | | | | | | |
|  | Withhold based on (check one) | |  | Single | | |  | | | | Married | | | | | | | |
|  | | I am claiming this number of exemptions | | | | | |  | | | | |  | | | | | |
|  | | I also want this additional amount withheld | | | | | | $ |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |

## Note

|  |  |  |  |
| --- | --- | --- | --- |
| If you do not make any tax withholding elections FPDR is required to withhold taxes based on single with zero exemptions. You may change your tax withholding at any time with this form or online at the FPDR portal. Changes may take up to 30 days to be in effect. | | | |
| Signature |  | Date |  |
|  |  |  |  |
| Please sign and mail, fax, or email form to FPDR. | | | |