



## INCOME TAX WITHHOLDING REQUEST



Phone: (757) 664-4738 Email: [retirement@norfolk.gov](mailto:retirement@norfolk.gov) Website: [www.norfolk.gov/retirement](http://www.norfolk.gov/retirement) Form No: Active No: 3105



Complete this form to request or make changes to your income tax withholding. Refer to the back of this form to calculate exemptions.

### PART A. REQUESTOR INFORMATION

1. Member Name (First, Middle Initial, Last)	
2. Home Address (Street, City, State, Zip+4)	
3. Phone Number	4. Social Security Number
5. Type of Request <input type="checkbox"/> New Request <input type="checkbox"/> Change Withholdings	6. Type of Payment <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary

### PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one. If you choose to have income tax withheld, provide marital status and number of exemptions.

- Do not withhold federal income tax from my monthly benefit.
  - ✓ I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
  - ✓ If I am a U.S. Citizen or resident alien whose benefit payments are delivered outside the U.S. or its possessions, I **must** have federal income tax withheld.
- Calculate my federal income tax withholding (if any) pursuant to the tax formula in IRS Publication 15 based on the following selections:

Marital Status for Federal Taxes:  Single  Married  Married, but use Single rate  
 Review IRS Form W-4P for additional information about other worksheets that might apply.

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ \_\_\_\_\_

### PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one. If you choose to have income tax withheld, provide marital status and each exemption type.

- Do not withhold state income tax from my monthly benefit.
  - ✓ I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
  - ✓ If I reside outside of Virginia, I am not required to have Virginia income tax withheld.
- Calculate my state income tax withholding (if any) pursuant to the tax formula in the Virginia Income Tax publication based on the following selections:

Exemptions: Personal: \_\_\_\_\_ Age and Blindness: \_\_\_\_\_ Total: \_\_\_\_\_

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ \_\_\_\_\_

### PART D. AUTHORIZATION

1. Signature	2. Date (m/d/yyy)
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## Completing Part B. Federal Income Tax Withholding

For detailed information, visit the Internal Revenue Service (IRS) at [www.irs.gov](http://www.irs.gov) and review Form W-4P.

Review IRS Form W-4P for additional information about other worksheets that might apply.

## Completing Part C. State Income Tax Withholding

For detailed information, visit the Virginia Department of Taxation at [www.tax.virginia.gov](http://www.tax.virginia.gov) and review Form VA-4P.

The "Personal Exemption Worksheet" from VA-4P is provided below for calculating state income tax exemptions.

### Calculate Personal Exemptions

1 Enter "1" for <b>yourself</b> .	1
2 If you are married and your spouse is not claimed on his or her own certificate, enter "1".	2
3 Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.)	3
4 Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld.	4

### Calculate Exemptions for Age and Blindness

5 Age:	a) If you will be 65 or older on January 1, enter "1".	5a
	b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1".	5b
6 Blindness:	a) If you are legally blind, enter "1".	6a
	If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1".	6b
7 Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld.	7	



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