



WITHHOLDING CERTIFICATE FOR OHIO PERSONAL INCOME TAX

- I want the following total amount withheld **monthly** for **Ohio income tax**: _____
Percent or dollar amount
- I do not want Ohio income tax withheld from my monthly benefit. This choice does not release you from Ohio tax obligations if you live in Ohio.

Accounts to be changed

If you are receiving benefits from more than one STRS Ohio account, please indicate below which accounts you want changed. If none are selected, all accounts will be updated.

- Service retirement account
- Disability benefit account
- Survivor benefit account
- Reemployed annuity account
- Division of property order account

Please return this form by the 15th of the month to be effective the first of the following month.

Benefit recipient's name _____

Benefit recipient's Social Security number
or STRS Ohio account number _____

Address _____
Street

City State ZIP code

Home phone (_____) _____ Cell phone (_____) _____
Area code Area code

Email address _____

If necessary, I give STRS Ohio permission to correct my withholding request based on clarification obtained through a phone call to me.

Signature _____ **Date** _____

Benefit recipients can also make updates to federal and Ohio tax withholding through the STRS Ohio website. Please log in to your Online Personal Account at www.strsoh.org.