



## FEDERAL INCOME TAX WITHHOLDING FOR STRS OHIO BENEFITS

*Form located on reverse side*

All benefits from STRS Ohio are subject to federal income taxes. Unless you direct otherwise, we must withhold federal income tax. You may change your tax withholding at any time using the form on the reverse side or using your Online Personal Account at [www.strsoh.org](http://www.strsoh.org). If you request no withholding, you may be responsible for filing quarterly federal income tax returns.

All withholding requests must be received by STRS Ohio on or before the 15th of any month to become effective the first of the following month.

**Regardless of the change you want to make, please complete the personal information requested on the other side of this form.**

- Enter your name, phone number, address, account number and email address.
- Sign and date the form.

Please read the instructions and complete the form for the type of tax withholding change you want to make. Please follow the instructions for that type of change only. Select the matching number below and **fill in the spaces, if required**.

1. **If you do not want federal tax withheld from your benefit**, select Option 1 in Section A.
2. **If you want to elect tax withholding based on the number of allowances and marital status**, select Option 2 in Section A and select “single” or “married.” Enter the number of allowances on the line provided.
3. **If you want to choose “Married, but withhold at higher single rate,”** select Option 3 in Section A.
4. A W-4 Tax Withholding Calculator is available at [www.strsoh.org](http://www.strsoh.org) to help you estimate your tax withholding.

In addition to the calculated withholding in Option 2 or 3, you may also increase the amount of your withholding. If you selected Option 2 or 3 **and want to increase the calculated withholding amount**, check the box under “Optional additional withholding” and enter the additional amount.

**If you want to increase an existing withholding amount**, check the box under “Increase current withholding” in Section B and enter the **additional** amount.

**Note:** Withholding automatically changes whenever the taxable gross amount of your payment changes or the IRS changes the withholding tables. **Requests for fixed withholding or fixed percentage amounts cannot be accepted.** If you have other income in addition to your STRS Ohio benefit and you want to have a specific amount withheld but cannot calculate this yourself, you should seek the advice of your tax counselor or the IRS. This type of information is not available from STRS Ohio.

If you are receiving benefits from more than one STRS Ohio account, please indicate in Section C which accounts you want changed. If no selection is made, all accounts will be updated as indicated in Section A or B.

If you have any questions about completing this form, please call STRS Ohio toll-free at 888-227-7877, Monday–Friday, 8 a.m. to 5 p.m.

*(continued)*

# FEDERAL INCOME TAX WITHHOLDING FOR STRS OHIO BENEFITS

*Please see reverse side for instructions*

(Benefit recipients can also make updates to federal and Ohio tax withholding through their Online Personal Account at [www.strsoh.org](http://www.strsoh.org).)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Area code

Address \_\_\_\_\_

Benefit Recipient's Social Security number  
or STRS Ohio account number \_\_\_\_\_

Email address \_\_\_\_\_

## **ONLY COMPLETE SECTION A OR B. DO NOT COMPLETE BOTH.**

### **Section A — Change Federal Withholding**

1. I do not want federal income tax withheld from my STRS Ohio benefit.
2. Marital status:
- Single. Number of allowances \_\_\_\_\_. If left blank, zero allowances will be used.  
(See "Optional additional withholding" below.)
  - Married. Number of allowances \_\_\_\_\_. If left blank, zero allowances will be used.  
(See "Optional additional withholding" below.)
3. Married, but withhold at higher single rate. Allowances will be zero.  
(See "Optional additional withholding" below.)

#### **Optional additional withholding:**

- In addition to the calculated withholding in Option 2 or 3 selected above, I want additional tax withheld of \$ \_\_\_\_\_ per month. This must be a whole dollar amount and not a percentage.

### **Section B — Increase Current Withholding**

- In addition to my current withholding, I want additional tax withheld of \$ \_\_\_\_\_ per month. This must be a whole dollar amount and not a percentage. This option is only available to current benefit recipients.

### **Section C — 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 as indicated in Sections A or B.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_