



# St. Paul Teachers' Retirement Fund Association

1619 Dayton Avenue, Room 309 Saint Paul, MN 55104-6206  
Phone: (651) 642-2550 Fax: (651) 642-2553 Website: www.sptrfa.org

## MINNESOTA STATE Income Tax Withholding Request

Please print.

Full Name
Street Address
City, State, and Zip Code
Social Security Number

Choose ONE of the following four choices by marking the appropriate box, then complete the information requested for your choice.

1. <input type="checkbox"/> I elect <b>NOT</b> to have Minnesota state income tax withheld from my monthly retirement benefit.
2. <input type="checkbox"/> I elect to have the following <b>FLAT AMOUNT</b> withheld for Minnesota state income tax from each monthly retirement benefit: \$ _____ <i>NOTE: Making this choice means that your Minnesota state income tax withholding amount will not be adjusted as your monthly retirement benefit increases.</i>
3. <input type="checkbox"/> I elect to have the following <b>PERCENTAGE</b> withheld for Minnesota state income tax from each monthly retirement benefit: _____ % <i>NOTE: Making this choice means that your Minnesota state income tax withholding amount will be adjusted as your monthly retirement benefit increases.</i>
4. <input type="checkbox"/> I elect to have my Minnesota state income tax amount calculated using the <b>TAX TABLES</b> and the following allowances and marital status. <i>NOTE: Making this choice means that your Minnesota state income tax withholding amount will be adjusted as your monthly retirement benefit increases. Please see the enclosed tax tables.</i>

Number of allowances:

Tax marital status:

Single

Married

Married, but withholding at higher single rate

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

*You are responsible for your own tax liability.*