



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 - Springfield, Virginia 22151-2205
 703-426-3900 - 1-800-426-4208 - www.fcps.edu/ERFC

Federal and State Income Tax Withholding Form

Complete this form if you are a new retiree ~ **OR** ~ to request changes for existing tax withholdings on your ERFC annuity payments.

If you do not have a completed tax form on file, ERFC must withhold federal income tax based upon the rate for a married individual claiming three exemptions, and withhold state income tax for an individual with zero exemptions for the Commonwealth of Virginia.

Please print clearly

Last Name	First Name	Middle Initial	Social Security Number
Street Address	Apt #	City	State
		Zip Code	Telephone # (area code-xxx-xxxx)

Check appropriate boxes ✓

Federal Income Tax

- A. Marital Status: -Single - Married
- B. Number of allowances or exemptions to be claimed:
-0 -1 -2 -3 -4 -5 -6 -7 -8 -9 -10 or more
- C. Do not withhold any federal taxes from my ERFC annuity payments
- D. Using the marital status and number of exemption allowances noted above, calculate my federal income tax withholding (if any) in accordance with the IRS tax formula.
Optional: Withhold the above calculated amount, **plus an additional \$ _____ per month.**
- E. Withhold a fixed monthly amount of \$ _____ **per month.**

Check appropriate boxes ✓

State Tax

- A. Marital Status: -Single - Married
- B. Number of allowances or exemptions to be claimed:
-0 -1 -2 -3 -4 -5 -6 -7 -8 -9 -10 or more
- C. Select State: *(See the withholding requirements noted in the grey box at the top of this page)*
-District of Columbia -Maryland -North Carolina -South Carolina -Virginia -West Virginia
- D. Do not withhold any state taxes from my ERFC annuity payments
- E. Using the number of exemption allowances noted above, calculate my state income tax withholding (if any) using the appropriate state tax formula in accordance with IRS tax guidelines.
Optional: Withhold the above calculated amount, **plus an additional \$ _____ per month.**
- F. Withhold a fixed monthly amount of \$ _____ **per month.**

Signature

Date