



The Educational Employees' Supplementary Retirement System of Fairfax County
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205
 703-426-3900 844-758-3793 www.fcps.edu/erfc

Federal and State Income Tax Withholding Form

Complete this form if you are a new retiree or to request changes to your tax withholdings for your ERFC annuity payments. Please mail the original signed form to our office at the above address. We do not accept faxed or scanned forms. 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 review the contact information notes below, and complete or correct details as necessary for your ERFC records.

 Last Name First Name Middle Initial Social Security Number

 Street Address Apt # City State Zip Code Telephone Number (area code-xxx-xxxx)

 Email Address

Federal Income Tax

Select appropriate boxes

- A. Marital Status: Single Married
- B. Number of allowances or exemptions to be claimed: _____ (0 thru 10)
- 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.
- F. Withhold _____% of monthly gross payment.

State Tax

Select appropriate boxes

- A. Marital Status: Single Married
- B. Number of allowances or exemptions to be claimed: _____ (0 thru 10)
- C. Select State: (See the withholding requirements noted at the top of this page)
 District of Columbia Maryland (Use Option F below) North Carolina South Carolina 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. (Maryland: only \$1 increments, min. \$5.)
- G. Withhold _____% of monthly gross payment. (Not applicable in Maryland or North Carolina.)

 Signature

 Date