



3100 Broadway, Suite 1211
 Kansas City, MO 64111
 816.472.5800
www.kcpsrs.org

KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

SUBSTITUTE WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

If you elect not to have withholding apply to your KCPSRS pension payment, or if you do not have enough income tax withheld from your KCPSRS pension payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The KCPSRS Board of Trustees and Staff are not qualified to offer specific tax advice; that advice must be secured from the IRS or a professional tax accountant.

PERSONAL INFORMATION (PLEASE PRINT)										
First Name	Middle	Last	Social Security Number							
Mailing Address			Telephone Number							
City	State	Zip	Email Address							

FEDERAL TAX WITHHOLDING (PLEASE PRINT) This will replace any previous elections.	
CHECK ONLY ONE If you do not live in the U.S. or one of its possessions, you cannot elect to have Federal tax withheld.	
<input type="checkbox"/> I elect to NOT have Federal Income tax withheld from my KCPSRS pension.	
<input type="checkbox"/> I elect to have the following fixed dollar amount withheld from each periodic pension payment:	\$
<input type="checkbox"/> I elect for my withholding from each periodic KSPSRS pension payment to be withheld according to the tax tables using the number of allowances and marital status shown below: Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married withhold at Single Rate Exemptions Claimed: <input type="checkbox"/> 1 for Yourself <input type="checkbox"/> 1 for your Spouse <input type="checkbox"/> 1 if you are 65 or older <input type="checkbox"/> 1 if your spouse is 65 or older <input type="checkbox"/> 1 if you are blind <input type="checkbox"/> 1 if your spouse is blind <input type="checkbox"/> Other: ____	
TOTAL EXEMPTIONS CLAIMED:	
In addition to the amount withheld from the tax tables, I want the following additional amount withheld from each periodic KCPSRS pension payment:	\$

MISSOURI STATE TAX WITHHOLDING (Please Print) This will replace any previous elections.	
CHECK ONLY ONE *****IF YOU ARE NOT A MISSOURI RESIDENT, YOU MAY NOT NEED TO HAVE MISSOURI WITHHOLDINGS*****	
<input type="checkbox"/> I elect to NOT have <u>Missouri</u> State Income Tax withheld from my KCPSRS pension	
<input type="checkbox"/> I elect to have the following fixed dollar amount withheld from each periodic KCPSRS pension payment:	\$
<input type="checkbox"/> I elect for my withholding from each periodic KCPSRS pension payment to be withheld according to the tax tables using the number of allowances and marital status shown below: Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="text"/> Total No. of Allowances: _____	
In addition to the amount withheld from the tax tables, I want the following additional amount withheld from each KCPSRS pension payment:	\$

Original (Written) Signature Required	Date:
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When completed, please return to KCPSRS at the address listed above.