



KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

**3100 Broadway, Suite 1211
 Kansas City, MO 64111
 816.472.5800
 Fax: 816.472.5909
 Email: kcpsrs@kcpsrs.org
 Website: www.kcpsrs.org**

WITHHOLDING CERTIFICATE FOR MONTHLY PENSION PAYMENTS

If you elect not to have tax 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	
CHECK ONLY ONE BOX If you do not live in the U.S. or one of its possessions, you cannot elect to have Federal tax withheld.	
FEDERAL TAX	<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 KCPSRS pension payment: \$ _____
	<input type="checkbox"/> I elect for my withholding from each KSPSRS pension payment to be withheld according to the tax tables using the following marital status and number of allowances: Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married withhold at Single Rate Total No. of Allowances: _____ (will use zero if left blank) In addition to the amount withheld from the tax tables, I want the following additional amount withheld from each KCPSRS pension payment: \$ _____

MISSOURI STATE TAX WITHHOLDING	
CHECK ONLY ONE BOX If you are not a Missouri Resident, you may not need to have Missouri withholdings.	
MISSOURI TAX	<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 KCPSRS pension payment: \$ _____
	<input type="checkbox"/> I elect for my withholding from each KSPSRS pension payment to be withheld according to the tax tables using the following marital status: Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household 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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*Please return completed form to KCPSRS via mail, fax, or email as listed above.
 If this form is signed by a power of attorney (POA), we require the POA documents before the form can be accepted.*