



State Income Tax Withholding Election Notice for Qualified Pension and Annuity Payments

Instructions: Find your state of residence and complete the form as directed. If you do not return this form, your state's default election must be applied, which may or may not result in an amount withheld. If you make an election, you must sign and complete the Personal Information section.

Arkansas residents: An eligible for rollover distribution, subject to mandatory Federal income tax withholding of 20% is subject to 5% state income tax withholding, and you cannot elect out. Other non-periodic payments are subject to 3%, or you may elect out on line 1. If you are receiving periodic payments, complete lines 2 through 6, or you can elect out on line 1.

1. Check here if you do **not** want any Arkansas income tax withheld from your pension or annuity. *(Do not complete lines 2 thru 6)*

2. Check one of the following to determine the number of exemptions to complete here:

- No exemptions or dependents claimed. (Enter zero on lines 2, 3, and 4)
- Single and you claim yourself. (Enter one exemption)
- Married and you claim yourself and your spouse. (Enter two exemptions)
- Head of Household, and you claim yourself (Enter two exemptions) 2. _____

3. Number of children or dependents (Enter one exemption per dependent) 3. _____

4. Total exemptions (add lines 2 and 3. If no exemptions or dependents are claimed enter zero) 4. _____

5. Additional amount, if any, you want deducted from each pension or annuity payment. (Enter dollar amount) 5. \$ _____

6. I qualify for the low income tax rates (see Form AR 4P instructions for more information)

Please check filing status: Single Married Filing Jointly Head of Household

Delaware residents: An eligible for rollover distribution, subject to mandatory 20% Federal income tax withholding, is subject to 5% state income tax withholding, and an election out is not allowed. Otherwise, please make a state election directly below.

PERIODIC AND NON-PERIODIC PAYMENTS:

1. I elect **not** to have income tax withheld from my pension or annuity. *(Do not complete lines 2 or 3)*

2. I want my state withholding from each pension or annuity payment to be figured as follows:

Marital Status (check one): Single/Head of Household Married Filing Separately Married Filing Jointly

Number of Exemptions _____

Additional Amount (if any) \$ _____

3. I want this designated flat amount or whole percent withheld from each payment \$ _____ or _____%

PERSONAL INFORMATION - Must be Completed			
First Name:	MI:	Last Name:	Group Annuity Contract:
Street Address:			Social Security Number:
City:	State:	Zip Code:	
Signature:			Date:

Return Address: The Prudential Insurance Company of America, 2801 Townsgate Road Suite 300, Thousand Oaks, CA 91361
Fax Number: (800) 307-0009 or **eMail:** WCTPension@prudential.com