

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

Instructions: Find your state of residence and complete the form. 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.**

Massachusetts residents: If you have not complete lines 1 thru 5. If you have electe				
1. Your personal exemption. Write the figure "1". If you are age 65 or over or will be before next year, write "2":				1
2. If married and if exemption for spouse is allowed, write the figure "4". If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5" (See Form M-4P instructions, instruction C for more information):				2
3. Write the number of your qualified dependents (See Form M-4P instructions, instruction D for more information):				3
4. Add the number of exemptions which you have claimed above and write the total:				4
5. Additional withholding per pay period under agreement with the payer:			5. \$	
A. \square Check if you will file as head of household on your tax return.				
B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.				
D. Check if you are exempt from Massachusetts income tax withholding because of your legal residence (domicile) is elsewhere and your pension is from certain pension plans (See Form M-4P instructions, see instruction E).				
6. I have elected out of federal withholding, but request state withholding in the following flat amount \$ or				
whole percent%				
North Carolina residents: An eligible for rollover distribution, subject to mandatory 20% Federal income tax withholding, is subject to 4% state income tax withholding, and you cannot elect out.				
Do not withhold state income tax from my pension payments				
PERIODIC PAYMENTS:				
☐ Withhold state income tax from my pension payments using the following:				
Marital Status (check one):	gle 🔲 I	Married (or qualifying widower)	Head of Household	
Number of Exemptions	<u>Addition</u>	nal Amount (if any) \$	_	
NON-PERIODIC PAYMENTS:				
☐ Withhold state tax at the following flat amount or whole percent (must be equal to at least 4%) \$or%				
Vermont residents: An eligible for rollover distribution, subject to mandatory 20% Federal income tax withholding, Vermont state income tax withholding will be equal to 24% of federal tax withheld, and an election out is not permitted.				
Do not withhold state income tax from my pension payment(s)				
PERIODIC PAYMENTS:				
☐ Withhold state income tax from my pension payments using the following:				
Marital Status (check one):				
Number of Exemptions Additional Amount (if any) \$				
NON-PERIODIC PAYMENTS:				
☐ Withhold state tax at the following flat a	mount or who	le percent (if Federal taxes are with	held, must be at least 24%	of federal tax
withheld) \$ or%				
PERSONAL INFORMATION – Must be Completed				
First Name:	MI:	Last Name:	Group Annuity Contrac	t:
Street Address:			Social Security Numbe	r:
City:		State:	Zip Code:	
Signature:			Date:	