



State of Idaho Tax Withholding

- Use this form to indicate your withholdings from your PERSI benefit payment State of Idaho taxes.

Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.

Member Social Security Number

Member Information			
Name – First, Middle, Last			
Mailing Address (street or PO box)		City	State
Daytime Phone Number (include area code)		Email Address	

Withholding Accounts (select all PERSI accounts to which this form will apply)		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Contingent annuitant/survivor benefit	<input type="checkbox"/> Alternate payee benefit

State of Idaho Tax Withholding Options (choose one)	
<input type="checkbox"/> No change from prior Idaho tax withholding election. (Only available to current benefit recipients.)	
<input type="checkbox"/> Do not withhold Idaho tax.	
<input type="checkbox"/> Withhold a flat amount or fixed percentage each month for Idaho tax.	
<input type="checkbox"/> Flat amount: \$ _____	<input type="checkbox"/> Fixed percentage: _____ %
<input type="checkbox"/> Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month for Idaho tax.	
<input type="checkbox"/> Married	<input type="checkbox"/> Single
<input type="checkbox"/> Married at single rate	Number of allowances: _____

Notes About Withholding	
<ul style="list-style-type: none"> • Generally, your PERSI benefit is taxable income. You may choose to have Idaho taxes withheld from your monthly PERSI benefit. For more information, please contact the Idaho State Tax Commission. • You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate. • The withholdings you indicate on this form will replace your current withholdings. 	

Member Acknowledgment	
Signature	Date – mm/dd/yyyy

