



Submit to TRA by mail to 60 Empire Dr., Suite 400, St. Paul, MN 55103 or FAX (original is not required)

## Federal and State Tax Withholding Certificate

Your information			
Name			TRA Number
Address			
City		State	Zip
Phone		Email	

### Section 1. Your accounts

Are you a  TRA member  Beneficiary of a member

The withholding designations apply to the following accounts:  TRA  Minneapolis  Duluth  All plans  
*If no box is checked, the designation applies to only the largest account.*

### Section 2. FEDERAL withholding designations

Choose one to indicate how you want Federal taxes withheld from your monthly pension payment. If you do not specify, TRA is required by law to assume a status of married with three allowances.

Do not change my current Federal income tax withholding designations.  
**OR**

Do not withhold income tax.  
**OR**

Withhold Federal income tax based on the tax tables for (choose one):

- Married with \_\_\_\_\_ allowances (enter 0 or number of allowances)
- Single with \_\_\_\_\_ allowances (enter 0 or number of allowances)
- Married, but withhold at the higher single rate with \_\_\_\_\_ allowances (enter 0 or number of allowances)

Additional withholding: \$ \_\_\_\_\_  
 from each benefit payment in addition to the amount to be withheld based on the Federal tax tables. You must select one of the options above if you want additional withholding. Enter a dollar amount only.

### Section 3. STATE OF MINNESOTA withholding designations

Choose one to indicate how you want Minnesota state taxes withheld from your monthly pension payment.

Do not change my current Minnesota state income tax withholding designations.  
**OR**

Do not withhold Minnesota state income tax.  
**OR**

Withhold Minnesota state income tax based on the tax tables for (choose one):

- Married with \_\_\_\_\_ allowances (enter 0 or number of allowances)
- Single with \_\_\_\_\_ allowances (enter 0 or number of allowances)
- Married, but withhold at the higher single rate with \_\_\_\_\_ allowances (enter 0 or number of allowances)

Additional withholding: \$ \_\_\_\_\_ from each benefit payment in addition to the amount to be withheld based on the Federal tax tables. You must select one of the options above if you want additional withholding. Enter a dollar amount only.  
**OR**

I elect to have this amount withheld from each pension or annuity payment.  
\$ \_\_\_\_\_

### Section 4. Your signature

	Date
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