



60 Empire Drive • Suite 400  
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Submit to TRA by mail or FAX (original is not required).

## Federal and State Tax Withholding Certificate

| Your information   |   |                                       |  |          |
|--|---|---------------------------------------|--|----------|
| Name   |   | TRA Number                            |  |          |
| Address  |   |                                       |  |          |
| City   |   | State                                 |  | Zip Code |
| Phone  |   | Email                                 |  |          |
| Section 1. Your accounts   |   |                                       |  |          |
| Are you a <input type="checkbox"/> TRA member <input type="checkbox"/> Beneficiary of a member   |   |                                       |  |          |
| <b>The withholding designations apply to the following accounts:</b> <input type="checkbox"/> TRA <input type="checkbox"/> Minneapolis <input type="checkbox"/> Duluth <input type="checkbox"/> All plans<br><i>If no box is checked, the designation applies to only the largest account.</i> |   |                                       |  |          |
| 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.   |   |                                       |  |          |
| 1.   | Do not withhold income tax. <i>(Do not complete lines 2 or 3.)</i>  | <input type="checkbox"/>              |  |          |
| 2.   | Withhold federal income tax based on the tax tables from each payment to be calculated using the number of allowances and marital status shown. <i>(Do not complete line 1.) You may designate an additional dollar amount on line 3.</i><br><br>Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate  | _____<br>(Enter number of allowances) |  |          |
| 3.   | Indicate an <u>optional additional amount</u> to be withheld based on the federal tax tables. <i>You must indicate your marital status and the number of allowances on line 2.</i>  | \$ _____                              |  |          |
| Section 3. MINNESOTA STATE Withholding designations  |   |                                       |  |          |
| Choose one to indicate how you want Minnesota state taxes withheld from your monthly pension payment.  |   |                                       |  |          |
| 1.   | Do not withhold Minnesota state income tax. <i>(Do not complete lines 2, 3 or 4.)</i>   | <input type="checkbox"/>              |  |          |
| 2.   | Withhold Minnesota state income tax based on the tax tables from each payment to be calculated using the number of allowances and marital status shown. <i>(Do not complete lines 1 or 4.) You may designate an additional dollar amount on line 3.</i><br><br>Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate<br><i>Marital status must be the same as federal; allowances must be lower or equal to federal tax allowances.</i> | _____<br>(Enter number of allowances) |  |          |
| 3.   | Indicate an <u>optional additional amount</u> to be withheld based on the state tax tables. <i>You must indicate your marital status and the number of allowances on line 2.</i>  | \$ _____                              |  |          |
| 4.   | I elect to have this amount withheld from each payment. <i>(Do not complete lines 1,2 or 3)</i>   | \$ _____                              |  |          |
| Section 4. Your signature  |   |                                       |  |          |
|  |   |                                       |  | Date     |

TRA-4900A

