

Federal and State Tax Election Form

Payee Type: Member Survivor Beneficiary QDRO Recipient • Member's SSN: _____

Member Information	
Payee's Name _____	SSN _____
Mailing Address _____	
City _____	State _____ Zip _____
Telephone Number (____) _____	E-mail Address _____

FEDERAL INCOME TAX

(FOR COMPLETE INSTRUCTIONS, REFER TO IRS FORM W-4P OR CALL YOUR TAX PREPARER.)

1(a). Do not withhold any Federal Income Tax. **CAUTION:** There are penalties for not paying enough Federal Income Tax during the year either through withholding or estimated tax payments.

1(b). Withhold Federal Income Tax based on the following:

- For yourself
- For your spouse
- Number of children or other dependents
- Head of Household (enter one if you file Head of Household)
- Child tax credit
- TOTAL EXEMPTIONS** (add lines above, enter zero for no exemptions)

Please check filing status: Single Married Married but withhold at higher single rate

Withhold an additional \$ _____ per month for Federal Income Tax.

Withhold set amount \$ _____ per month for Federal Income Tax.

STATE INCOME TAX

(FOR COMPLETE INSTRUCTIONS, REFER TO STATE OF ARKANSAS FORM AR4P OR CALL YOUR TAX PREPARER.)

2(a). Do not withhold any Arkansas State Income Tax. **CAUTION:** There are penalties for not paying enough Arkansas State Income Tax during the year either through withholding or estimated tax payments.

2(b). Withhold Arkansas State Income Tax based on the following:

- Single and you claim yourself
- Married and you claim yourself and your spouse
- Head of Household
- Number of children or dependents
- TOTAL EXEMPTIONS** (add lines above, enter zero for no exemptions)

Please check filing status: Single Married

Withhold an additional \$ _____ per month for Arkansas State Income Tax.

Withhold a set amount \$ _____ per month for Arkansas State Income Tax.

Payee's Signature _____ Date _____