

**KANSAS DEPT.  
OF REVENUE**

**WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS**

TYPE OR PRINT YOUR FULL NAME

2. SOCIAL SECURITY NUMBER

HOME ADDRESS (NUMBER & STREET OR RR)

CLAIM OR IDENTIFICATION NUMBER (IF ANY)  
OF YOUR PENSION OR ANNUITY CONTRACT

CITY OR TOWN, STATE & ZIP CODE

**COMPLETE THE FOLLOWING APPLICABLE LINES:**

1. CHECK HERE IF YOU **DO NOT WANT ANY** KANSAS INCOME TAX WITHHELD FROM YOUR PENSION OR ANNUITY  
(DO NOT COMPLETE LINES 2 OR 3.) . . . . .

2. TOTAL NUMBER OF ALLOWANCES AND MARITAL STATUS YOU ARE CLAIMING FOR WITHHOLDING FROM  
EACH **PERIODIC** PENSION OR ANNUITY PAYMENT (YOU MAY ALSO DESIGNATE AN ADDITIONAL DOLLAR  
AMOUNT ON LINE 3.) . . . . .

MARITAL STATUS:  SINGLE  MARRIED  MARRIED, BUT WITHHOLD AT HIGHER "SINGLE" RATE

\_\_\_\_\_  
(ENTER # OF ALLOWANCES)

3. ADDITIONAL AMOUNT, IF ANY, YOU WANT WITHHELD FROM EACH PENSION OR ANNUITY PAYMENT.  
NOTE: FOR PERIODIC PAYMENTS, YOU CANNOT ENTER AN AMOUNT HERE WITHOUT ENTERING THE  
NUMBER (INCLUDING ZERO) OF ALLOWANCES ON LINE 2. . . . . \$

**YOUR SIGNATURE**    ⇒

**DATE**    ⇒

          

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