

**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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