



**SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO**

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

**OHIO STATE TAX WITHHOLDING FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Select **only ONE** of the two boxes below:

<input type="checkbox"/> <b>Box 1</b> I elect not to have Ohio State income tax withheld from my pension.
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—OR—

<input type="checkbox"/> <b>Box 2</b> Withhold \$_____.00 (whole dollars) from each benefit check. (Must be at least \$5.00)
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If you are receiving payments from more than one SERS account, please indicate all accounts you want updated with the above tax withholding information. If none are selected, all accounts will be updated.

- |   |   |
|---|---|
| <input type="checkbox"/> Service Retirement Account | <input type="checkbox"/> Disability Allowance Account |
| <input type="checkbox"/> Survivor Benefit Account   | <input type="checkbox"/> Reemployed Annuity Account   |
| <input type="checkbox"/> Alternate Payee            |   |

Your Ohio State Tax Withholding selection will remain in force until you change or cancel it by submitting a new Ohio State Tax Withholding Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number