



**Board of Commissioners of the
Magistrates Retirement Fund of Georgia**

1208 Greenbelt Drive, Griffin GA 30224
Phone: (770) 228-8461 • Fax: (770) 412-1236
www.mrf.georgia.gov

Income Tax Withholding Declaration

Member Name: _____ Member #: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Even if you elect not to have taxes withheld, you are liable for payment of income tax on the taxable portion of your pension. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Should you have questions about what percentage or amount to withhold, please consult a tax advisor.

INSTRUCTIONS: PLEASE INITIAL YOUR SELECTION FOR TAX DEDUCTIONS BELOW. PLEASE BE AWARE THAT YOU MUST PROVIDE A SPECIFIC DOLLAR AMOUNT OR PERCENTAGE SHOULD YOU CHOOSE TO WITHHOLD TAXES FROM YOUR PENSION.

FEDERAL TAX WITHHOLDING DECLARATION
I choose to have federal income tax withheld from my pension monthly in the following dollar amount or percentage: _____
I do not want to have state taxes withheld from my pension _____

STATE TAX WITHHOLDING DECLARATION
I choose to have state income tax withheld from my pension monthly in the following dollar amount or percentage: _____
I do not want to have state taxes withheld from my pension _____

Signature

Date