



MICHIGAN OFFICE OF RETIREMENT SERVICES

Big Plans. Small Steps.

P.O. Box 30171 · Lansing, MI 48909-7671

Toll Free: 800-381-5111

Local: 517-284-4400

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www.michigan.gov/ors

Income Tax Withholding Authorization – For Pension Recipients

RETIREMENT SYSTEM (SELECT ONE): <input type="checkbox"/> PUBLIC SCHOOL EMPLOYEE <input type="checkbox"/> STATE EMPLOYEE <input type="checkbox"/> STATE POLICE <input type="checkbox"/> JUDGES		
MEMBER'S NAME (LAST, FIRST, M.I.)	HOME PHONE NUMBER ()	MEMBER ID OR SSN
MAILING ADDRESS	I RECEIVE MORE THAN ONE PENSION PAYMENT. <input type="checkbox"/> NO <input type="checkbox"/> YES	
CITY, STATE, ZIP CODE	IF YES, APPLY THIS TAX WITHHOLDING AUTHORIZATION TO: <input type="checkbox"/> ALL ACCOUNTS <input type="checkbox"/> ONE ACCOUNT (SPECIFY) _____	
EMAIL ADDRESS		

Your pension may be subject to both Michigan and federal income tax. Michigan Office of Retirement Services (ORS) will withhold taxes from your pension based on the information you provide below, starting the month after ORS receives your request, unless you specify a later date below. This withholding will remain in effect until you change your withholding authorization through miAccount or file a new *Income Tax Withholding Authorization* form (R0012X).

For your federal income tax withholding, if you have questions or need help, refer to IRS Form W-4P or Publication 919, both found on the IRS website, www.irs.gov. These documents are for your information only and should not be returned to ORS.

For your Michigan income tax withholding, if you have questions or need help, contact the Michigan Department of Treasury at www.michigan.gov/taxes.

Withholding Authorization

Complete both the Federal and Michigan Income Tax Withholding sections below, even if you are only changing one. If you don't complete both sections, ORS will apply default withholding as if you are married claiming three allowances.

Federal Tax Withholding	
1. Check here if you don't want any federal income tax withheld from your pension. If you check this box don't complete lines 2, 3 or 4.	<input type="checkbox"/>
2. Total number of allowances you are claiming for federal withholding from each pension payment.....	_____ (allowances)
3. What is your federal withholding status? (Required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher "Single" rate	
4. Dollar amount, if any, you want withheld from each pension payment in addition to your standard federal withholding amount. You must enter a number on line 2 (including 0) BEFORE you fill out line 4.	\$ _____
Michigan Tax Withholding	
5. Check here if your pension payments are not taxable or you do not want any Michigan income tax withheld from your monthly pension. If you check this box, sign below (don't complete lines 6-11). Note: Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.	<input type="checkbox"/>
Check only ONE box below. For joint filers, select the box for the age of the older spouse.	
6. Check here if you (or your spouse) were born before 1946. If you check this box, your pension is exempt from Michigan income tax.	<input type="checkbox"/>
7. Check here if you (or your spouse) were born between 1946 and 1952. If you check this box, the first \$20,000 of pension benefits (\$40,000 if married) will be subtracted from your taxable income.	<input type="checkbox"/>
8. Check here if you (or your spouse) were born after 1952. If you check this box, your pension will be taxed at the current rate.	<input type="checkbox"/>
9. Enter number of personal and dependent exemptions you are claiming. Only claim each exemption once, even if you submit more than one Michigan withholding form.	_____ (exemptions)
10. What is your Michigan withholding status? (Required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher "Single" rate	
11. Dollar amount, if any, you want withheld from each pension payment in addition to your standard Michigan withholding amount. You must enter a number on line 9 (including 0) BEFORE you fill out line 11.	\$ _____
This change takes effect the month after ORS receives this form unless you specify a later month: _____	
Signature (Required) _____	Date _____

Return to: ORS, PO Box 30171, Lansing MI 48909-7671

