Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

Recipient's Withholding Certificate for Ohio Personal Income Tax

Complete this form if you wish to have state of Ohio income tax withheld from your monthly benefit payment. You must determine the amount per month you want withheld from your benefit payment and state that amount on the form. The retirement credits available for state income tax should be taken into account when determining the monthly withholding. State of Ohio income tax withholding will begin the month following receipt of the completed form. Your withholding amount may be changed by submitting another Recipient's Withholding Certificate *to OPERS.*

Section 1 - Personal Information

Recipient Social Security Number

Member Social Security Number

Recipient First Name **MI** **Last Name**

Street or Mailing Address **Apt. Number**

City **State** **ZIP Code**

OH

Section 2 - Withholding Amount

Dollar amount to be withheld **EACH** month from my benefit payment

Month **Day** **Year**

Recipient Signature_____

Do not print or type

_____

Today's date