

**KANSAS DEPT.  
OF REVENUE**

**WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS**

**2017**

TYPE OR PRINT YOUR FULL NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE ZIP

**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

3. ADDITIONAL AMOUNT, IF ANY, YOU WANT WITHHELD FROM EACH PENSION PAYMENT. \$\_\_\_\_\_

**YOUR SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_