



2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-782-8500
Email: gars@srs.illinois.gov
Fax: 217-524-9039

Annuitant Request - Illinois State Income Tax Withholding

Name (Last, first, middle) _____

SSN (last 4) or Member ID _____

Address (Street, City, State, Zip) _____

Phone number _____

(H) _____

Amount to be withheld from each annuity (pension) payment _____

(C) _____

\$ _____

I request and authorize voluntary Illinois income tax withholding from my pension payments.

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud GARS is a class 3 felony. I understand that if the GARS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud GARS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____

Date _____