



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 \_\_\_\_\_