



The Retirement Board of the
Policemen's Annuity and Benefit Fund of Chicago

221 North LaSalle St – Suite 1626, Chicago, IL 60601
Office: (312) 744-3891 Website: www.chipabf.org

Federal & State Tax Election Form

Federal Tax Election

Please complete only one of the following:

- 1. I do not want Federal income tax withheld from my payment.
- 2. I want to have Federal income tax withheld from my payment based on the elections I have indicated below:

Single Married # of Exemptions _____

Additional Amount Withheld \$ _____

State Tax Election

Please complete only one of the following:

- 1. I do not want State tax withheld.
- 2. withhold ___ State income tax withheld from my payment

(Designate State)

based on the elections I have indicated below:

Single Married # of Exemptions _____

Additional Amount Withheld \$ _____

Name _____

Address _____

City State _____

Social Security # XXX-XX-_____

Required Signature

Date

A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION MUST BE SUBMITTED WITH THIS FORM.

NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.