



Ohio Tax Withholdings

To change your tax withholding, please complete and return this form by the first day of the month it is to go into effect.

Member Information

► ☐ Check here if change of address

Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
XXX-XX-			
SSN	DOB	Cell Phone	
Email Address		Home Phone (if applicable)	

Withholding tip: The State tax tables will assume that HPRS is your only source of income. If you have additional income, you may want to increase your withholding to compensate for a higher effective tax rate.

Ohio Withholding – Please select only one (1) option

SELECT ONLY ONE OPTION

☐ I elect to have no Ohio tax withheld from my HPRS benefit.

☐ I elect to have Ohio tax withheld. ☐ Married ☐ Single # of Exemptions _____

☐ I elect to have Ohio tax withheld **PLUS** an additional amount of \$ _____ for each benefit payment.
☐ Married ☐ Single # of Exemptions _____

☐ I elect to have \$ _____ withheld from each benefit payment for Ohio tax.

Ohio School District Tax (optional)

I live in an Ohio school district that has a tax on income that is not collected through property taxes.
(Initial here) I elect to have HPRS withhold and remit these taxes on my behalf.

Signature & Authorization

►

Signature	Date
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You may return this completed form by email to ccarter@ohprs.org, by fax or by mail to HPRS. If you have questions, please contact Charmaine Carter, System Accountant, at 614-430-3556 (direct) or by email.