



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
[www.wvretirement.com](http://www.wvretirement.com)

**State Tax  
Withholding  
Certificate**

INSTRUCTIONS

Complete this form and present it to the West Virginia Consolidated Public Retirement Board to avoid delay in adjusting the amount of state income tax withholding for your retirement benefits.

If you do not complete this form, the amount of tax that is now being withheld from your retirement benefits may not be sufficient to cover the total amount of tax due when filing your personal income tax return after the close of the year.

When requesting withholding from your pension and annuity payments you must present this completed form to the West Virginia Consolidated Public Retirement Board on or before the tenth calendar day of the month in order to ensure that the withholding change will occur during that month. (If you are applying for retirement, please return with your retirement application.)

Tax penalties may result if a large amount of tax is owed at the end of the year.

When requesting West Virginia State Withholding, please follow the instructions listed below:

1. If you want us to calculate the amount withheld, please enter the number of exemptions on line "5"
2. If you want an additional dollar amount, please indicate the additional amount to be withheld on line "6".
3. If you want a specific fixed dollar amount deducted each month, please enter the dollar amount on line "7".
4. If you do not want to have West Virginia State Tax withheld, please check  line "8"

**EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Which Retirement System does this form apply to:

PERS      TRS      WVSP-A      WVSP-B      JRS      EMSRS      MPFRS      DSRS      NRPORS

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Print or Type Full Name      Last 4 Digits of SSN      CPRB ID

(4) \_\_\_\_\_  
Address      City      State      Zip Code

(5) Total number of exemptions claimed \_\_\_\_\_, and  
(6) ADDITIONAL dollar amount, if any, you want deducted each pay period .....\$ \_\_\_\_\_, or  
(7) TOTAL fixed dollar amount, if any, you want deducted each pay period .....\$ \_\_\_\_\_, or  
(8) I do not wish to have WV State Tax withheld (check  here) .....

I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_