



## TEACHERS' RETIREMENT BOARD

165 Capitol Avenue  
Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102  
Website: [www.ct.gov/trb](http://www.ct.gov/trb)

### FEDERAL TAX WITHHOLDING CHANGE FORM

**A separate form must be submitted for each monthly benefit you get from TRB**

Name (please print)			Social Security #	
Address Line 1 (Check box if this is an Address Change) <input type="checkbox"/>			Address Line 2	
City	State	Zip	Email	
Telephone			Cell Phone	
If getting multiple benefits from TRB, specify which benefit this form applies to: <input type="checkbox"/> Member Benefit <input type="checkbox"/> Survivorship Benefit <input type="checkbox"/> QDRO Benefit				
<input type="checkbox"/> I am no longer a resident of Connecticut. Please cancel my CT withholding.				
<input type="checkbox"/> I do not want federal income tax withheld from my CTRB Benefit. This does not release you from the liability for any federal income tax due.				

#### Step 1: Federal Withholding

- ☐ Single or married filing separately  
☐ Married filing jointly or qualifying surviving spouse  
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you.** Visit [www.irs.gov/pub/irs-pdf/fw4p.pdf](http://www.irs.gov/pub/irs-pdf/fw4p.pdf) for detailed instructions and worksheets for completing tax withholding information.

#### Step 2: Income From a Job or Multiple Pensions/Annuities (Including a Spouse's Job or Pension/Annuity)

Complete this step if you (1) receive income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Complete the items below.

- i) If you (or your spouse) have a job(s), enter the total taxable annual pay from all job(s) and any other income entered on Form W-4, Step 4(a), less the deductions entered on Form W-4, Step 4(b). If you (or your spouse) do not have a job(s), enter "-0-" ..... \$ \_\_\_\_\_
- ii) If you (or your spouse) have another pension/annuity that pays less annually than this pension/annuity, enter the total annual taxable payments from those other sources. If this is the only pension/annuity or it pays the least taxable amount annually, enter "-0-" ..... \$ \_\_\_\_\_
- iii) Add the amounts from items (i) and (ii) and enter the total here ..... \$ \_\_\_\_\_

**TIP:** To be accurate, submit a 2025 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Fax: (860) 525-6018   Email: [TRB.Benefits@ct.gov](mailto:TRB.Benefits@ct.gov)



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If you (or your spouse) have a job, do not complete Steps 3–4(b) on this form.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

### Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000. . . . . \$ \_\_\_\_\_

Multiply the number of other dependents by \$500. . . . . \$ \_\_\_\_\_

Add other credits, such as foreign tax credit and education tax credits. . . . \$ \_\_\_\_\_

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . .

3

\$ \_\_\_\_\_

### Step 4 (optional): Other Adjustments

a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable Social Security and dividends . . . . .

4(a)

\$ \_\_\_\_\_

b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet from [www.irs.gov/pub/irs-pdf/fw4p.pdf](http://www.irs.gov/pub/irs-pdf/fw4p.pdf) and enter the result here . . . . .

4(b)

\$ \_\_\_\_\_

c) **Extra withholding.** Enter any additional tax you want withheld from each payment . . . . .

4(c)

\$ \_\_\_\_\_

Monthly Benefit Recipient's Signature

Date

*CTRB does not acknowledge the receipt of individual forms. CTRB must receive the completed form by the 1<sup>st</sup> of the month in order for the change to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.) We require that the net monthly amount payable to the member be at least \$10 after all deductions.*

*This form supersedes and replaces any previous withholding elections, including extra withholdings.*

#### Please submit form to:

165 Capitol Avenue  
Hartford, CT 06106

**You may also Fax or Email to the contact provided in the Footer of this document**

This form will be denied under the following circumstances:

1. SSN Missing or not matching TRB records.
2. Filing Status is not checked.
3. Receiving multiple benefits from TRB, but benefit type not elected.
4. Totals in Steps 2 and 3 don't add up.
5. Step 2b(i) is filled and steps 3 through 4b are non-zero. These must be reported on the W4 filled in for your Employer.
6. Signature and/or date missing.