



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

FORM 115: MONTANA STATE WITHHOLDING CERTIFICATE

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

Please read the instructions on page 2 before completing this form.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

BENEFIT RECIPIENT INFORMATION

Full Name: First	Middle	Last	Suffix (<i>Jr., Sr., etc.</i>)	Social Security Number
Maiden or Other Name Previously Reported to TRS	Birth Date (mm/dd/yyyy)		Telephone Number	
Mailing Address: Street or P.O. Box	City	State	ZIP Code (<i>use Zip+4 if known</i>)	

As a reminder, monthly benefits are mailed or deposited on the last business day of each month.

Select **only one** option:

- Check here if you **do not want** any Montana state income tax withheld from your monthly benefit.
- Check here and complete lines (a) and (b) if you **do want** the Montana Teachers' Retirement System (TRS) to withhold Montana state income tax according to the marital status **and** total number of allowances you are claiming for withholding from each monthly benefit. You may also designate an additional dollar amount to be withheld on line (c).
- (a) Marital status: Single Married Married, but withhold at higher "Single" rate
- (b) Number of allowances: _____
- (c) I elect an additional amount of \$ _____ to be withheld from each monthly pension or annuity

This election will go into effect within 60 days of your submission of this form unless you specify a future effective date (*select one*):

- I would like this election to go into effect as soon as possible.
- I would like this election to go into effect: _____
(mm/yyyy)

Benefit Recipient's Signature	Date
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INSTRUCTIONS

If you are a resident of Montana, your benefits are subject to Montana state income tax laws. If you do not have income taxes withheld from your monthly benefit and you have a tax liability, you may be required to pay Montana state taxes on a quarterly basis. The number of state income withholding allowances you claim may be different from the number of allowances you claim for federal income tax withholding. Remember, there may be penalties for not paying enough tax during the year, either through withholding or estimated tax payments.

The method that you elect to utilize in paying your Montana state income tax liability is strictly a personal decision. While TRS tries to assist you in any way possible, we are not qualified to make decisions for you. We recommend you contact the Montana Department of Revenue at 866-859-2254 or 406-444-6900 or a qualified tax professional for advice.

The election you make and submit on this form will take effect within 60 days after the form is received by TRS. Your tax withholding preference will remain in effect until you change or cancel your preference. A change or cancellation may be made at any time by completing and submitting a new Montana State Withholding Certificate to TRS. This form is available on the TRS website (trs.mt.gov/trs-info/forms) or by calling the TRS office at 866-600-4045 or 406-444-3134.

TRS cannot withhold state income taxes on your behalf for any state other than Montana.