SERS
State Employees' Retirement System
srs.illinois.gov

2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-785-7444
Email: sers@srs.illinois.gov

Illinois State Income Tax Withholding

Name *(Last, first, middle)*

SSN *(last 4)* **or Member ID**

Address *(Street)*

Phone number

(City, State, Zip)

Email

Amount to be withheld from each benefit payment

$ _____

I request and authorize voluntary Illinois income tax withholding from my benefit payments.

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____