



FINANCIAL SERVICES  
FOR THE GREATER GOOD

# OKLAHOMA STATE INCOME TAX Withholding Election Instructions



## IMPORTANT INFORMATION

PLEASE **READ BEFORE** FILLING OUT FORM

**QUESTIONS?** For account information, to check the status of your request or any other questions, call: **800 842-2252**, Monday - Friday, 8 AM - 10 PM ET, Saturday, 9 AM - 6 PM ET, OR visit [tiaa-cref.org](http://tiaa-cref.org) **24 hours daily**. Have your user ID and password ready.

If you are a **legal resident of Oklahoma**, the state requires you to complete an Income Tax Withholding Election Form for all distributions that you receive from TIAA-CREF. If you do not return the withholding form, the state tax default rate will apply.

**Payments that are directly rolled over to an IRA or another retirement plan are not subject to state income tax withholding. Therefore, if your payments are being rolled over, no further action is required.**

For cash payments ONLY, please keep in mind:

1. There may be penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments.

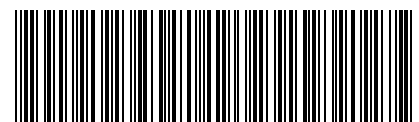
### OKLAHOMA WITHHOLDING RULES

**Rollover Eligible Payments** are payments that can be directly rolled over to an IRA or a similar retirement plan. These include certain types of Single Sum cash withdrawals and the following periodic payments: Interest Payments, Annuity Certain Options paid over a period of less than 10 years, and Transfer Payout Annuities issued after October 31, 2001.

**Non-Rollover Eligible Payments** are payments that cannot be directly rolled over to an IRA or a similar retirement plan. These include Minimum Distribution Options, certain types of Single Sum cash withdrawals and the following periodic payments: all life annuities, Annuity Certain Options paid over a period of 10 years or more, and Transfer Payout Annuities issued before November 1, 2001.

Use the following chart to determine the tax withholding options for your cash payments.

Type of Payment	Rollover Eligible	If you do not make a state election, state withholding will default to:	Withholding options you can choose
Single Sum	Yes	5% of the taxable amount of the payment	<ul style="list-style-type: none"> <li>• Flat dollar amount</li> <li>• Fixed percentage of the taxable amount of the payment</li> <li>• <b>CAN</b> elect "Do not withhold"</li> </ul>
Periodic Payment	Yes	Married with three allowances	<ul style="list-style-type: none"> <li>• Flat dollar amount</li> <li>• Fixed percentage of the taxable amount of the payment</li> <li>• <b>CAN</b> elect "Do not withhold"</li> </ul>
Single Sum	No	5% of the taxable amount of the payment	<ul style="list-style-type: none"> <li>• Flat dollar amount</li> <li>• Fixed percentage of the taxable amount of the payment</li> <li>• <b>CAN</b> elect "Do not withhold"</li> </ul>
Periodic Payment	No	Married with three allowances  <b>OR</b> No withholding if you elected not to have federal tax withholding	<ul style="list-style-type: none"> <li>• You can select a flat dollar amount or fixed percentage</li> <li>• The same marital status and withholding allowances as claimed for your federal withholding election</li> <li>• <b>CAN</b> elect the Oklahoma wage table option</li> <li>• <b>CAN</b> elect "Do not withhold"</li> </ul>





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# OKLAHOMA STATE INCOME TAX Withholding Election Form

## STEP ONE

### PERSONAL INFORMATION

Please print in all capital letters using black or dark blue ink.  
This form may only be completed for one plan and one contract. If you have multiple plans and/or multiple contracts, you must complete multiple withholding forms.

Name \_\_\_\_\_  
*first middle initial last*

TIAA #  

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CREF #  

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**NOTE:** Please indicate the contract number to which your tax election will apply. **DO NOT USE DASHES.**

### TIAA-CREF CONTRACT

### PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. **If you don't have them, please contact us at 800 842-2252.**

Plan Name \_\_\_\_\_

Plan #  

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Sub Plan #  

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## STEP TWO

### WITHHOLDING ELECTION

- I want withholding from my periodic payments according to the marital status and allowances that I claimed for my federal withholding.
- I want the following dollar amount withheld from each payment: \$ \_\_\_\_\_
- OR**
- I want the following percentage withheld from the taxable portion of each payment: \_\_\_\_\_ %
- Do not withhold

## STEP THREE

### YOUR SIGNATURE



Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_  
*mm/dd/yyyy*

The form will become effective with your next available payment. You may revoke this election at any time by filing a new state income tax withholding election form with TIAA-CREF.

