

**TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS**



2815 W Washington, PO Box 19253  
Springfield IL 62794-9253  
(800)877-7896, FAX: (217)753-0964  
TDD: (866)326-0087  
members@trs.illinois.gov  
http://trs.illinois.gov

**State Income Tax Withholding Request**

*Complete a separate form for each state and return to TRS.*

Select one: <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin				
Last name	First name	Middle initial	Maiden name	Social Security number
Street address		City	State	ZIP code
Daytime telephone number (    )				Enter the amount to be withheld from each payment \$
Your signature				Date