

**WISCONSIN**  
**State Income Tax Withholding Election Notice**  
 Qualified Periodic and Non-Periodic Pension and Annuity Payments

Periodic and non-periodic pension and annuity payments made to residents of Wisconsin are not subject to state income tax withholding. However, you may request withholding from your payment(s) by completing the form below and returning it to the following address or fax it to (888) 499-4315.

The Prudential Insurance Company of America  
 P.O. Box 5370  
 Scranton, PA 18507  
 (800) 621-1089

State income tax will not be withheld if the amount is less than \$5.00 per payment.

**If you do not want state income tax withheld from your pension or annuity payment(s), do not return this form.**

Your election will become effective with the payment that is due at least one month after our receipt of the election and will remain in effect until you change or revoke it. You may change or revoke your election by filing another election form with us. Copies can be obtained from the above address.

Please note that withholding is a method of paying taxes. It does not increase or decrease the total amount of taxes you must pay. Penalties may be incurred under the estimated tax payment rules if sufficient tax is not paid either through withholding, estimated taxes, or both.

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 DETACH AND RETURN THIS CERTIFICATE TO THE ADDRESS ABOVE. KEEP THE TOP PORTION FOR YOUR RECORDS.

**Request for Wisconsin State Income Tax Withholding**

<b>TYPE OR PRINT YOUR FULL NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>HOME ADDRESS (Number and Street or Rural Route)</b>	<b>CONTRACT NUMBER</b>
<b>CITY OR TOWN, STATE AND ZIP CODE</b>	

Check only one box:

Withhold Wisconsin state income tax from my pension or annuity payment(s) using the following:

Marital Status (check one):    Single \_\_\_\_\_ Married \_\_\_\_\_ Married but withhold at higher single rate \_\_\_\_\_

*[Note: If married, but legally separated, check the Single box.]*

Exemptions:

(a) Exemption for yourself - enter 1 \_\_\_\_\_

(b) Exemption for your spouse - enter 1 \_\_\_\_\_

(c) Exemptions for dependents \_\_\_\_\_

(you are entitled to claim an exemption for each dependent)

Total

Additional Flat Amount \$ \_\_\_\_\_

Withhold \_\_\_\_\_% of my taxable payment

Withhold the following flat dollar amount: \$ \_\_\_\_\_

Signature

Date