TAX WITHHOLDING

This form is used to determine your Federal and California (CA) State income tax withholding amount.

PAYMENT TYPE

Select which account this form applies to. (Complete a separate form to elect withholdings for each account.)

☐ **Retiree** ☐ **Beneficiary** ☐ **Ex-spouse**

FEDERAL TAX WITHHOLDING

☐ **Do not withhold** Federal income tax.
<div align="center">OR</div>
☐ **Withhold** Federal income tax based on your filing status (check one):
    ☐   Single or Married filing separately
    ☐   Married filing jointly
    ☐   Head of household

Claim Dependents (optional):
  Enter the amount of the child tax credit and the credit for other dependents. . . . Total: $_____

Other Adjustments (optional):
  a.   Enter other income not from jobs, such as interest, or dividends . . . . $_____
  b.   Enter deductions claimed other than the standard deduction . . . . $_____
  c.   Enter any additional tax you want withheld from each pay period . . . . $_____

CA STATE TAX WITHHOLDING

☐ **Do not withhold** CA State income tax.
<div align="center">OR</div>
☐ **Withhold** CA state income tax, based on the tax tables for your filing status (select one and indicate number of allowances or 0):
☐ Married with _____
☐ Single with _____
☐ Head of household with _____

Additional withholding: $_____ from each benefit payment in addition to the amount to be withheld based on the state tax tables. You must select one of the options above if you want additional withholding. (Enter a dollar amount only.)
<div align="center">OR</div>
☐ Withhold only $_____ from each benefit payment. (Enter a dollar amount only.)

> **NON-CALIFORNIA RESIDENTS MAY WAIVE CA STATE TAX**

YOUR INFORMATION AND REQUIRED SIGNATURE

I have reviewed the information on this form and submit this statement of income tax withholding on my retirement allowance. I understand this election will remain in effect until I change it. **I understand that I may be responsible for any tax liability and/or penalties if my withholding and estimated tax payments are not sufficient.**

Print name: _____   Social Security Number: XXX-XX- _____

Address: _____   City _____   State _____ Zip _____

Signature: _____   Date: _____   Phone No.: _____

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