

# TAX WITHHOLDING



This form is used to determine your Federal and California (CA) State income tax withholding amount. Return the completed form by mail or in person to SCERS; or by contacting SCERS to request a digital (DocuSign) version. SCERS will not accept this form by fax or email.

## 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.
- OR**
- 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.
- OR**
- 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.)

- OR**
- Withhold only \$ \_\_\_\_\_ from each benefit payment. (Enter a dollar amount only.)

**NON-CA 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: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_