



TAX WITHHOLDING CERTIFICATE

Please complete all sections of this form. This form is used to elect or change your tax withholding options.

GENERAL INFORMATION - TYPE OR PRINT

Employees System Fire & Police System Address Change Date

Name SSN Date of Birth

Address City State Zip Code

Daytime Phone Number Cell Phone Number

SECTION 1 - FEDERAL ELECTION *Check one option only.*

I do not want federal income tax withheld from my monthly retirement benefit.
(Option not available to US citizens living in a foreign country.)

OR

I want federal income tax withheld from my monthly retirement benefit as follows:

Marital Status: Single Married Married but withhold at the higher, single rate

Number of Withholding Allowances (enter "0" if zero): _____

I want the following additional amount withheld from each monthly retirement benefit: _____

SECTION 2 - STATE OF CALIFORNIA ELECTION *Check one option only.*

I do not want California state income tax withheld from my monthly retirement benefit.

OR

I want California state income tax withheld from my monthly retirement benefit as follows:

Marital Status: Single or Married with 2 or more incomes Married (one income)

Number of Withholding Allowances (enter "0" if zero): _____

I want the following additional amount withheld from each monthly retirement benefit: _____

OR

I want this designated amount withheld from each monthly retirement benefit: _____

SECTION 3 - AUTHORIZATION

I understand this tax withholding certificate applies to the taxable portion of my monthly retirement payment. Any prior federal or state withholding form on file with CFRS is hereby revoked. These changes become effective the next payroll process.

Signature REQUIRED _____ DATE _____