

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.

I. PAYMENT TYPE

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

☐ Retiree

☐ Beneficiary

☐ Ex-Spouse

II. 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 of dividends. Total: \$_____

b. Enter deductions claimed other than the standard deduction. Total: \$_____

c. Enter any additional tax you want withheld from each pay period. Total: \$_____

III. 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.

IV. 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 Full Name: _____ SSN: XXX-XX- _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ DOB (MM-DD-YYYY): _____

Signature: _____ Date: _____

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