



San Joaquin County Employees' Retirement Association

FEDERAL & STATE WITHHOLDING PREFERENCE

Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip _____

**PLEASE DO NOT RETURN THIS FORM IF YOU DO NOT WISH TO MAKE A CHANGE.
(Please complete only one box for Federal tax and one box for State tax.)**

1. I do not wish to have withholding tax deduction from my benefit. I realize that I may be liable for payment of Federal or State tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

FEDERAL No Withholding	<input type="checkbox"/>
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STATE OF CALIFORNIA No Withholding	<input type="checkbox"/>
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2. I wish to have the following amounts withheld from my monthly retirement benefit.

FEDERAL Withholding	\$ _____
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STATE OF CALIFORNIA Withholding	\$ _____
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3. The following exemptions are being claimed and I wish to have the Retirement Administrator determine the amount, if any, of Federal or State tax to be withheld in accordance with the tax tables and the exemptions claimed below.

FEDERAL			
Filing Status:	Married	<input type="checkbox"/>	
<u>EXEMPTIONS CLAIMED</u>	Single	<input type="checkbox"/>	
Yourself	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
65 or Over	<input type="checkbox"/>	65 or Over	<input type="checkbox"/>
Blind	<input type="checkbox"/>	Blind	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
TOTAL EXEMPTIONS	<input type="checkbox"/>		
ADDITIONAL AMOUNT	\$ _____		

STATE OF CALIFORNIA			
Filing Status:	Married	<input type="checkbox"/>	
<u>EXEMPTIONS CLAIMED</u>	Single	<input type="checkbox"/>	
Yourself	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
65 or Over	<input type="checkbox"/>	65 or Over	<input type="checkbox"/>
Blind	<input type="checkbox"/>	Blind	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
TOTAL EXEMPTIONS	<input type="checkbox"/>		
ADDITIONAL AMOUNT	\$ _____		

I have reviewed the information on the back of this form and hereby submit the statement of preference regarding how my benefit is to be treated for purposes of Federal and State income tax withholding.

Signature _____

Date _____