Orange County Employees Retirement System
PO Box 1229 Santa Ana, CA 92702
(714) 558-6200
www.ocers.org

# REFUND ELECTION APPLICATION CHECKLIST

This checklist helps ensure that you have fully completed the Refund Election Application. Please read through the steps and confirm your information is correct throughout the application to avoid application rejections and delays.

**Note: You must check every applicable box for this application to be considered complete.**

## Before submitting your application:

You must check **all of the following**.

☐ You are **permanently separated** from OCERS-covered employment.

☐ You are **not entering employment** with an OCERS-covered employer.

☐ You are **not accepting a job** covered by another California public retirement system and seeking to establish reciprocity.

☐ You have **not established outgoing reciprocity** with OCERS and another California public retirement system**.** ***You must provide proof of withdrawal or letter stating reciprocity has been broken if you previously established outgoing reciprocity.***

☐ I have read the Special Tax Notice Regarding Plan Payments and Federal Income Tax on page 8.

## Section 1: Member Information

☐ Is your member information complete and accurate? ***If your legal name or address has changed and is not updated with OCERS, please include supporting legal documentation (CA Driver's License, Social Security Card) for verification.***

☐ If you are a non-member/beneficiary refunding your community property account, did you select the box on page 2 and complete and sign Section 1A?

## Section 2: Distribution Options

Did you select a distribution option? You must **select one.**

☐ **Direct Payment**: ☐ Did you complete the **Direct Deposit Authorization Form?**

☐ **Rollover**: ☐ Did you provide the name of your financial institution?

☐ Did you select IRA or ☐ Other Eligible Retirement Plan?

☐ **Combination**: ☐ Did you enter the amount of your direct payment after taxes?

☐ Did you provide rollover information?

***If applicable***: Did you indicate on the attached EDD Withholding Certificate for Pension or Annuity Payments form that you **do not wish to withhold California state tax**?

**Note: If you select a rollover payment, your direct rollover check will be issued in the name of your financial institution, but OCERS must mail it to your mailing address. You are required to deposit the check with your financial institution.**

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## Section 3: Marital Status Declaration

☐ Did you check every marital status in Section 3 that applies to you, including whether a dissolution, legal separation, or nullity proceeding is pending?

☐ If a dissolution, legal separation, or nullity proceeding is pending, did you provide the case number and county in Section 3?

☐ If you are married or have a state-registered domestic partner, did your spouse or partner complete, sign, and date Section 3A, including the city and state where they signed?

☐ If your spouse or partner did not sign Section 3A, did you complete, sign, and date Section 3B, check exactly one statement, and attach any documentation that statement requires?

☐ Did you attach a legible copy of a current government-issued photo ID for each person who signed Section 3A or Section 4?

## Section 4: Refund Election Waiver of Rights and Declaration

☐ Did you sign and date this section?

☐ Did you enter the city and state where you signed? Your declaration is not complete without the date and place of execution.

## Section 5: Important Notices

☐ Did you read the Important Notices in Section 5, including the circumstances in which OCERS cannot process a refund?

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# REFUND ELECTION APPLICATION

This form is used by OCERS to refund contributions and interest if you no longer work for an OCERS-covered employer. **Receiving a refund terminates your OCERS membership and forfeits your right to future benefits, including any service or disability retirement benefits and survivor benefits for beneficiaries.**

## Section 1: Member Information

Provide your full name as it appears on your Social Security Card. If you are a non-member/beneficiary requesting a refund of contributions, fill out the member's information below and complete Section 1(A).

| Last Name | First Name | Middle Name |
|---|---|---|
| Street Address | | |
| City | State | Zip Code |
| Email | Phone Number | Last Four Digits of SSN |
| Termination Date | ☐ ***Select this box if you are a non-member/beneficiary requesting a refund of contributions, then complete Section 1A below.*** | |

**Note:** You are considered a "non-member" if you were awarded a portion of your former spouse/state-registered domestic partner's OCERS retirement benefit, and the community property court order provided you with a separate OCERS account that includes service credit and contribution.

## Section 1A: Non-Member/Beneficiary Information

| Last Name | First Name | Middle Name |
|---|---|---|
| Street Address | | |
| City | State | Zip Code |
| Email | Phone Number | Last Four Digits of SSN |
| Non-Member/Beneficiary Signature | | |

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## Section 2: Distribution Options

☐ **I have received and read the Special Tax Notice Regarding Plan Payments and Federal Income Tax in the Refund Election Application packet. I understand that I have at least 30 days before distribution to decide to elect a rollover to another qualified plan or have the amount distributed to me. By selecting a distribution option below, I agree that the 30-day waiting period has been met or is being waived.**

Please select one of the following distribution options below (Direct Payment, Rollover, or Combination).

| | |
|---|---|
| ☐ **Option 1: Direct Payment** | Complete the enclosed Direct Deposit Authorization form.<br>• Federal Withholding Tax: 20%<br>• California State Withholding Tax: 2% (unless opted out below)<br>Utilize a special tax election with the attached EDD Withholding Certificate for Pension or Annuity Payments form.<br>If you wish to NOT withhold California State Tax, please indicate so on the EDD Withholding form. |
| ☐ **Option 2: Rollover** to another eligible retirement plan or IRA | By selecting this option, I certify that my designated plan/IRA is eligible to receive a rollover and will accept on my behalf. |

| | | |
|---|---|---|
| Name of Financial Institution | ☐ IRA | ☐ Other Eligible Retirement Plan |

| | |
|---|---|
| ☐ **Option 3: Combination** | I elect to receive a combination of mine or the member's contributions AND rollover to another eligible retirement plan or IRA.<br>I certify that my designated plan/IRA is eligible to receive a rollover and will accept on my behalf.<br>Complete the enclosed Direct Deposit Authorization form.<br>• Federal Withholding Tax: 20%<br>• California State Withholding Tax: 2% (unless opted out below)<br>Utilize a special tax election with the attached EDD Withholding Certificate for Pension or Annuity Payments form.<br>If you wish to NOT withhold California State Tax, please indicate so on the EDD Withholding form. |

I elect to roll over $_____ and have any remaining funds paid directly to me. I understand that income taxes will be withheld from the taxable portion of the funds that are paid directly to me.

| | | |
|---|---|---|
| Name of Financial Institution | ☐ IRA | ☐ Other Eligible Retirement Plan |

**Note: Your rollover check will be issued in the name of your financial institution, but OCERS must mail it to your mailing address. You are required to deposit the check with your financial institution.**

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## Section 3: Marital Status Declaration

**Note: The declarations in Sections 3, 3A, and 4 are signed under penalty of perjury. A person who signs a declaration knowing it to be false may be prosecuted for perjury** (Penal Code section 118)**.**

**Check all that apply:**

☐ I am not married and do not have a state-registered domestic partner, and no proceeding for dissolution, legal separation, or nullity involving me is pending.

☐ I am legally married or have a state-registered domestic partner. *(Your spouse or partner must complete Section 3A, or you must complete section 3B).*

☐ I was previously married to or in a state-registered domestic partnership with a person during any period of my OCERS-covered employment, and that marriage or partnership was dissolved. Date judgment entered: _____. *(Attach the portion of the judgment, or any domestic relations order, disposing of the OCERS retirement benefit, if any).*

☐ A proceeding for dissolution, legal separation, or nullity of my marriage or domestic partnership is currently pending. Case number and county: _____. *(OCERS may be unable to process your refund while a proceeding is pending. See Section 5: Important Notices).*

| Name of Spouse/State-Registered Domestic Partner (Printed) | |
|---|---|
| Signature of Spouse/State-Registered Domestic Partner | Date |

## Section 3A: Acknowledgment of Spouse or State-Registered Domestic Partner

I am the spouse or state-registered domestic partner of the member named in Section 1. I acknowledge that I have been informed of the member's election to receive a refund of the member's OCERS contributions and interest, and that I have received a copy of this completed application. I understand that the refund terminates the member's OCERS membership and permanently extinguishes all current and future benefits payable from OCERS on account of the member's service, including any survivor allowance, continuance, or death benefit that might otherwise have become payable to me or to any other person, including the survivor continuances provided under Government Code sections 31760.1 and 31760.2 as adopted by OCERS. I understand that my signature acknowledges notice of the member's election; it is not a determination, waiver, or release of any community property interest I may have, and any such interest in a matter between the member and me.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on _____(date), at _____(city, state).

Printed Name: _____ Signature: _____

*(Attach a legible copy of the signer's current government-issued photo identification).*

## Section 3B: Member's Declaration Where the Signature of a Spouse or Partner Cannot be Obtained

Complete this section only if you checked the second box in Section 3 and your spouse or state-registered domestic partner has *not* signed Section 3A. Check the one statement that applies:

☐ My current spouse or partner has no identifiable community property interest in my OCERS contributions and no expectancy in any OCERS survivor benefit, because my marriage or partnership began after my permanent separation from all OCERS-covered employment and no contributions were made during the marriage or partnership.

☐ I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse or partner. The steps I took are described on the attached page.

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☐ My current spouse or partner has been advised of this refund election and has refused to sign Section 3A.

☐ My current spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.

☐ My current spouse or partner and I have executed a marriage settlement agreement or premarital agreement that makes the community property laws of California inapplicable to my OCERS contributions and benefits. A copy is attached.

I understand that OCERS will rely on this declaration in processing my refund, that OCERS may require additional documentation supporting the statement checked above before processing, and that OCERS will mail written notice of this refund election to the last address of my spouse or partner known to OCERS or provided by me below, if any.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on _____(date), at _____(city, state).

Signature of Member: _____

## Section 4: Refund Election, Waiver of Rights, and Declaration

Please read and sign the following waiver of rights statement.

I elect to receive a refund of my accumulated interest, and I waive all current and potential future retirement, disability, and death benefits payable from OCERS based on my membership, including any matter or appeal pending with OCERS. I understand that the refund terminates my OCERS membership and that, once processed, this election is irrevocable and cannot be canceled. I also understand that any change to this section's language will void my application and prevent OCERS from processing my refund request.

I further declare that: (1) the information provided in every section of this application, including my marital status in Section 3, is complete and accurate; (2) except as disclosed in Section 3, no proceeding for dissolution, legal separation, or nullity involving me is pending, and I am not subject to any court order that restrains or affects the withdrawal or disposition of my OCERS contributions, including the automatic restraining orders that apply as soon as a divorce or legal separation petition is served (Family Code section 2040); (3) no person other than me claims, and I am aware of no basis for any person other than me to claim, an entitlement to any portion of the amount to be refunded, except as disclosed in this application; and (4) I understand that OCERS will rely on the declarations in this application in making payment, and that payment made in reliance on this application discharges OCERS to the fullest extent provided by law, including Family Code section 755.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on _____(date), at _____(city, state).

Printed Name: _____ Signature: _____

*(Attach a legible copy of the signer's current government-issued photo identification).*

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## Section 5: Important Notices

OCERS will not process a refund while any of the following is on file with OCERS: a written claim by any person asserting entitlement to all or part of the refund; a joinder of OCERS in a dissolution or legal separation proceeding; a domestic relations order affecting the account, unless the refund is consistent with that order; or notice that a dissolution, legal separation, or nullity proceeding involving the member is pending, unless OCERS receives the written consent of both parties or a court order authorizing the refund.

Refund payments are made only by direct deposit to an account in the member's name as designated on the Direct Deposit Authorization form, or by rollover to the financial institution identified in Section 2.

A person who signs a declaration in this application knowing it to be false may be prosecuted for perjury.

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# DIRECT DEPOSIT AUTHORIZATION

| Instructions for Authorizing Direct Deposit | Please make sure all the following steps are completed to start your direct deposit:<br>• Mark the box that indicates whether you would like your funds deposited into your **checking** or **savings** account, and if it's for **service retirement** or **survivorship**. You must be the owner/co-owner of the account, with your name listed on it.<br>• Fill in payee's name, name of your financial institution, account number, and routing number.<br>• Confirm your name is on the account with verification from the financial institution.<br>• Please provide your email address and phone number<br>• Sign and date below, and return to OCERS at this address:<br><br>Orange County Employees Retirement System<br>PO Box 1229<br>Santa Ana, CA 92702 |
|---|---|

## Member Authorization

I authorize OCERS and the financial institution listed below to deposit my funds automatically to my:

☐ Checking Account ☐ Savings Account

each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. I authorize OCERS to verify my ownership of, and to initiate, direct deposits to this account. This authorization will remain in effect until I have cancelled it in writing or until I change my deposit instructions in the myOCERS portal.

This authorization applies to my payment for the following: ☐ Service Retirement ☐ Retiree Death Payment – Survivorship ☐ DRO

| **Member Signature** | Phone Number | Date |
|---|---|---|
| | | |

## Member Information

| 1. Member/Payee Name (Print) | | 2. Effective Date (First of the Month) | |
|---|---|---|---|
| 3. Last Four Digits of SSN | 4. Email Address | | |
| 5. Home/Mailing Address | 6. City | 7. State | 8. Zip Code |
| 9. Original Member Name (if other than above) | 10. Last Four Digits of SSN | 11. Joint Account Holder's Name (if any) | |

## Payment Information

| 12. Financial Institution Name | | 13. Financial Institution Phone Number | |
|---|---|---|---|
| 14. Financial Institution Mailing Address | 15. City | 16. State | 17. Zip Code |
| 18. Routing Number | 19. Account Number | | |

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# SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS AND FEDERAL INCOME TAX

This notice explains how you can continue to defer federal income tax on your retirement savings in the '37 Act Orange County Employees' Retirement Association ("37 Act OCERS" or "Plan") and contains important information you will need before you decide how to receive your Plan benefits. This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. Other tax rules apply for California.

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA, Roth IRA, or an eligible employer plan. A rollover is a payment by you or '37 Act OCERS (your "Plan Administrator") of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

## General Information About Rollovers

***How can a rollover affect my taxes?***

You will be taxed on a payment from the Plan that is eligible for rollover (see "How much may I rollover?") if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

***What types of retirement accounts and plans may accept my rollover?***

You may rollover the payment to either an IRA (an individual retirement account or individual retirement annuity) or an eligible employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, IRAs are not subject to spousal consent rules and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

***How do I do a rollover?***

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

**If you do a direct rollover**, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

**If you do not do a direct rollover**, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive payment to make a deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received). This means that, in order to rollover the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not rollover the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

***How much may I rollover?***

If you wish to do a rollover, you may rollover all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), age 72

(if you were born after June 30, 1949), or age 73 (if you attain age 72 after December 31, 2022 and age 73 before January 1,2033), or age 75 (if you attain age 74 after December 31, 2032), or after death

- Corrective distributions of contributions that exceed tax law limitations, and
- Distributions of certain premiums for health and accident insurance

The Plan administrator or payor can tell you what portion of a payment is eligible for rollover.

***If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?***

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not rollover, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Payments made from a governmental plan (like OCERS) after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made due to disability;
- Payments made after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days; and
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters, and to those who are terminally ill.

***If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?***

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified safety employees) does not apply.
- The exception for qualified domestic relations orders does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for payments from an IRA, including (1) payments for qualified higher education expenses, (2) payments up to $10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

***Will I owe state income taxes?***

This notice does not describe any State or local income tax rules (including withholding rules).

***How much time do I have to decide?***

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.

## Special Rules and Options

***If your payment includes after-tax contributions***

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is generally included in the payment, so you cannot take a rollover of only after-tax contributions.

You may rollover to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). The Plan Administrator can tell you the amount of any after-tax contributions included in your distribution request.

If you do a direct rollover to an IRA of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of $12,000, of which $2,000 is after-tax contributions. In this case, if you directly rollover $10,000 to an IRA that is not a Roth IRA, no amount is taxable because the $2,000 amount not rolled over is treated as being after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of $12,000, of which $2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you rollover $10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the $2,000 amount not rolled over is treated as being after-tax contributions.

You may rollover to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

***If you miss the 60-day rollover deadline***

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs).*

***If you were born on or before January 1, 1936***

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not rollover, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

***If you are an eligible retired public safety officer and your payment is used to pay for health coverage or long-term care insurance***

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid directly as premiums to an

accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of $3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

***If you rollover your payment to a Roth IRA***

If you rollover a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5 year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you rollover the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to $10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

***If you are not a Plan participant***

Payments after death of the participant. If you receive a distribution after the participant's death that you do not rollover, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section “If you were born on or before January 1, 1936” applies only if the participant was born on or before January 1, 1936.

- *If you are a surviving spouse*

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), or age 73 (if you attain age 72 after December 31, 2022 and age 73 before January 1, 2033), or age 75 (if you attain age 74 after December 31, 2032).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949), age 72 (if the participant was born after June 30, 1949), or age 73 (if you attain age 72 after December 31, 2022 and age 73 before January 1, 2033), or age 75 (if you attain age 74 after December 31, 2032).

Under current IRS guidance, effective June 26, 2013, same-sex couples legally married in a jurisdiction with laws authorizing same-sex marriage will be treated as married for federal tax purposes and the rules described in this Notice for surviving spouses will be applicable. Note that individuals who are in registered domestic partnerships, civil unions, or other similar relationships that may be recognized under state law but are not considered a legal marriage under state law, will not be treated as married for federal tax purposes. Individuals

who are not considered married spouses for federal tax purposes would be covered by the rules described under the section below titled *"If you are a surviving beneficiary other than a spouse."*
Note that California state law recognizes same-sex spouses and, for California state tax purposes, also treats registered domestic partners in the same manner as spouses. This means that it appears there will continue to be a difference in treatment of registered domestic partners for federal and California tax purposes. This area of the law is evolving and anyone affected by these situations may wish to consult with a professional financial or tax advisor.

- *If you are a surviving beneficiary other than a spouse*

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.
Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may rollover the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

***If you are a nonresident alien***

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

***Other special rules***

- If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).
- If your payments for the year are less than $200 the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.
- You may not elect to have separate portions of an eligible rollover distribution directly rolled over to multiple trustees or custodians.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

**For More Information**

You may wish to consult with '37 Act OCERS, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM. If you have additional questions after reading this notice, you can contact '37 Act OCERS at (714) 558 - 6200.

Employment Development Department
State of California

# Withholding Certificate for Pension or Annuity Payments

| First, Middle, Last Name | Social Security Number |
|---|---|
| Home Address (Number and Street or Rural Route) | Claim or Identification Number (if any) of Your Pension or Annuity Contract |
| City State ZIP Code | |

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶ ☐
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
   a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a _____
   b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b _____
   ☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of Household
3. I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above. ▶ $ _____
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ $ _____

Your Signature ▶ _____ Date ▶ _____

Cut Here

**Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.**

**Purpose of Form: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.**

This form DE 4P allows you to:

(1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.

(2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.

(3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
   (a) The number of allowances and marital status specified.
   (b) A designated dollar amount.

(4) Change or revoke the DE 4P previously filed.

**Withholding from Pensions and Annuities:** Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Includable in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

**Methods of Withholding:** The payer can use one of the following three methods:

(1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.

(2) A dollar amount that you designate. Payee completes line 4 above.

(3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

**Completing the Form:** Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

**Line 1, Exemption from Withholding:** Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

**Caution:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

**Revoking the Exemption from Withholding:** If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

**Line 2, Withholding Based on Specified Withholding Allowances:** If you want withholding to be based on a specified number of allowances, write the number on line 2, and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

**Line 3, Multiple Pensions or More than One Income:** Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

**Line 4, Withholding a Designated Dollar Amount:** Indicate dollar amount you want withheld on this line (in lieu of claiming withholding allowances).

## Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:
- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

**Worksheet A** **Regular Withholding Allowances**

| | |
|---|---|
| A) Allowance for yourself — enter 1 | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| E) Allowances for dependents — do not include yourself or your spouse | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P | (F) _____ |

## Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

**Worksheet B** **Estimated Deductions**

| | | |
|---|---|---|
| 1. | Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. $ _____ |
| 2. | Enter $10,726 if unmarried head of household or qualifying widow(er) with dependents.<br>$10,726 if married filing jointly with two or more allowances.<br>$5,363 if single, dual income, married, or married with multiple employers.<br>$5,363 if married filing separately or married with "0" or "1" allowance. | |
| 3. | Subtract line 2 from line 1, enter difference. | 3. $ _____ |
| 4. | Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. $ _____ |
| 5. | Add line 4 to line 3 and enter the sum. | 5. $ _____ |
| 6. | Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. $ _____ |
| 7. | If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference. | 7. $ _____ |
| 8. | Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number. Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed. | 8. _____ |
| 9. | If line 6 is greater than line 5, enter amount from line 6 (nonwage income). | 9. $ _____ |
| 10. | Enter amount from line 5 (deductions). | 10. $ _____ |
| 11. | Subtract line 10 from line 9, enter difference. | 11. $ _____ |

**Complete Worksheet C**

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

## Worksheet C Tax Withholding and Estimated Tax

| | | |
|---|---|---|
| 1. | Enter estimate of total wages for tax year 2024. | 1. |
| 2. | Enter estimate of nonwage income from line 6 of Worksheet B. | 2. |
| 3. | Add line 1 and line 2 and enter the sum. | 3. |
| 4. | Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. | 4. |
| 5. | Enter adjustments to income from line 4 of Worksheet B. | 5. |
| 6. | Add line 4 and line 5 and enter the sum. | 6. |
| 7. | Subtract line 6 from line 3 and enter the difference. | 7. |
| 8. | Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. | 8. |
| 9. | Enter personal exemptions from line F of Worksheet A x $158.40. | 9. |
| 10. | Subtract line 9 from line 8 and enter the difference. | 10. |
| 11. | Enter any tax credits. (See FTB Form 540) | 11. |
| 12. | Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. | 12. |
| 13. | Calculate the tax withheld and estimated to be withheld during 2024. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. | 13. |
| 14. | Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. | 14. |
| 15. | Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. | 15. |

**Note:** Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

**These Tables are for Calculating Worksheet C and for 2024 Only**

**Single Persons, Dual Income Married or Married with Multiple Employers**

| If The Taxable Income Is | | Computed Tax Is | | |
|---|---|---|---|---|
| Over | But Not Over | Of Amount Over... | | Plus |
| $0 | $10,412 | 1.100% | $0 | $0.00 |
| $10,412 | $24,684 | 2.200% | $10,412 | $114.53 |
| $24,684 | $38,959 | 4.400% | $24,684 | $428.51 |
| $38,959 | $54,081 | 6.600% | $38,959 | $1,056.61 |
| $54,081 | $68,350 | 8.800% | $54,081 | $2,054.66 |
| $68,350 | $349,137 | 10.230% | $68,350 | $3,310.33 |
| $349,137 | $418,961 | 11.330% | $349,137 | $32,034.84 |
| $418,961 | $698,271 | 12.430% | $418,961 | $39,945.90 |
| $698,271 | $1,000,000 | 13.530% | $698,271 | $74,664.13 |
| $1,000,000 | and over | 14.630% | $1,000,000 | $115,488.06 |

**Married Persons**

| If The Taxable Income Is | | Computed Tax Is | | |
|---|---|---|---|---|
| Over | But Not Over | Of Amount Over... | | Plus |
| $0 | $20,824 | 1.100% | $0 | $0.00 |
| $20,824 | $49,368 | 2.200% | $20,824 | $229.06 |
| $49,368 | $77,918 | 4.400% | $49,368 | $857.03 |
| $77,918 | $108,162 | 6.600% | $77,918 | $2,113.23 |
| $108,162 | $136,700 | 8.800% | $108,162 | $4,109.33 |
| $136,700 | $698,274 | 10.230% | $136,700 | $6,620.67 |
| $698,274 | $837,922 | 11.330% | $698,274 | $64,069.69 |
| $837,922 | $1,000,000 | 12.430% | $837,922 | $79,891.81 |
| $1,000,000 | $1,396,542 | 13.530% | $1,000,000 | $100,038.11 |
| $1,396,542 | and over | 14.630% | $1,396,542 | $153,690.24 |

**Unmarried Head of Household**

| If The Taxable Income Is | | Computed Tax Is | | |
|---|---|---|---|---|
| Over | But Not Over | Of Amount Over... | | Plus |
| $0 | $20,839 | 1.100% | $0 | $0.00 |
| $20,839 | $49,371 | 2.200% | $20,839 | $229.23 |
| $49,371 | $63,644 | 4.400% | $49,371 | $856.93 |
| $63,644 | $78,765 | 6.600% | $63,644 | $1,484.94 |
| $78,765 | $93,037 | 8.800% | $78,765 | $2,482.93 |
| $93,037 | $474,824 | 10.230% | $93,037 | $3,738.87 |
| $474,824 | $569,790 | 11.330% | $474,824 | $42,795.68 |
| $569,790 | $949,649 | 12.430% | $569,790 | $53,555.33 |
| $949,649 | $1,000,000 | 13.530% | $949,649 | $100,771.80 |
| $1,000,000 | and over | 14.630% | $1,000,000 | $107,584.29 |

**If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:**

**If you are calling from within the United States**
**1-800-852-5711 (Voice)**
**1-800-822-6268 (TTY)**

**If you are calling from outside the United States**
1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of Title 22, California Code of Regulations (govt. westlaw.com/calregs/Search/Index), section 4340-1, and the California Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

**Example for Worksheet C for the Year 2024**

Payee estimates pension income to be $1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

| | | | |
|---|---|---|---|
| ☐ | Estimate annualized income ($1,500 a month x 12 months). Enter on line 1. | 1. | $ 18,000.00 |
| ☐ | Estimated nonwage income. | 2. | $ 8,000.00 |
| ☐ | Add lines 1 and 2 and enter total on line 3. | 3. | $ 26,000.00 |
| ☐ | Enter amount for single from line 2 of Worksheet B. | 4. | $ 5,363.00 |
| ☐ | Enter adjustments to income shown on line 4 of Worksheet B. | 5. | 0.00 |
| ☐ | Enter sum of lines 4 and 5. | 6. | $ 5,363.00 |
| ☐ | Subtract line 6 from line 3 and enter difference on line 7. | 7. | $ 20,637.00 |
| ☐ | Compute the tax liability for the amount on line 7. | | |
| | Use the 2024 tables for single from Worksheet C under the entry covering $20,637 (over $10,412 but not over $24,684). Compute 2.200% of the amount over $10,412 ([$20,637 – $10,412] x 0.02200 = $224.95). $ 224.95<br>Additional + tax amount. $ 114.53<br>Enter the total on line 13. Total $ 339.48 | 8. | $ 339.48 |
| ☐ | Enter the amount for one personal exemption on line 9 (1 x $158.40). | 9. | $ 158.40 |
| ☐ | Subtract line 9 from line 8 and enter the difference on line 10. | 10. | $ 181.08 |
| ☐ | Enter any tax credits that will be allowed for 2024 (see FTB Form 540). | 11. | 0.00 |
| ☐ | Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability. | 12. | $ 181.08 |
| ☐ | Calculate the tax withheld and estimated to be withheld during 2024. | | |
| | Withholding on the pension of $1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2024 is $1.52 x 12 = $18.24. Enter that amount on line 13. | 13. | $ 18.24 |
| ☐ | Subtract line 13 from line 12. Enter difference on line 14. | 14. | $ 162.84 |
| ☐ | Divide line 14 by the number of pay periods remaining in the year. | | |
| | ($162.84 % 12 = $13.57) | 15. | $ 13.57 |

Enter $13.57 on line 3 of the DE 4P.

EDD Employment Development Department State of California

# INFORMATION SHEET

# WITHHOLDING FROM PENSIONS, ANNUITIES, AND CERTAIN OTHER DEFERRED INCOME

## TAXABLE PAYMENTS

Pensions, annuities, and other deferred income as described in section 3405 of the **Internal Revenue Code** (law.cornell.edu/uscode/text) are considered wages and subject to the withholding of Personal Income Tax (PIT). However, a payee/recipient may elect **not** to have PIT withheld.

### Payments to Out-of-State Residents

Federal law prohibits states from taxing retirement income received by nonresident individuals after December 31, 1995. Therefore, no California income tax is to be withheld from pension recipients who reside outside of California.

To determine a payee's state of residence, the payer may rely on the most recent address of the payee contained in its business records.

## WITHHOLDING NOTICE

The payer must provide to each payee, not earlier than six months before distribution of the frst payment and not later than the time of the frst payment, a notice with the following rights:

(a) To elect not to have withholding apply to any payment or distribution and how to make that election.

(b) To change or revoke an election and when it takes effect.

The election and any change or revocation of an election is effective for payments made more than 30 days after the payer receives the election or revocation unless the payer elects to make it effective at an earlier date. For non-periodic payments, the payee may make or revoke an election at any time before the distribution.

### Withholding Elections

A payee may name the number of allowances, decide how much is to be withheld, or elect not to have withholding for periodic or non-periodic (including lump sum) payments. To do so, the payee fles with the payer a ***Withholding Certifcate for Pension or Annuity Payments* (DE 4P) (PDF)** (edd.ca.gov/pdf_pub_ctr/de4p.pdf) or **federal Form W-4P** (irs.gov) or a substitute form provided by the payer. Such choice remains in effect until revoked or changed by the payee by fling a new election form. However, the election on non-periodic payments is on a payment-by-payment basis unless the payer decides to make the election permanent.

When PIT withholding is required, the payer may calculate the PIT using one of the methods shown below:

(a) **California Withholding Schedules** (edd.ca.gov/Payroll_Taxes/Rates_and_Withholding.htm).

(b) A designated dollar amount as requested by the recipient.

(c) Ten percent of the amount of federal withholding computed pursuant to section 3405 of the Internal Revenue Code.

If the payee has not fled a withholding form (DE 4P or Form W-4P), PIT withholding is required. The payer may calculate PIT using one of the following methods:

(a) Using the California Withholding Schedules, treating the payee as a married individual claiming three allowances.

(b) Withholding 10 percent of the amount of federal withholding computed pursuant to section 3405 of the Internal Revenue Code.

At the payer's option, withholding will not be required with respect to any designated distribution if the amount to be deducted and withheld is less than $10.

**Form 1099-R**

At the end of the year, the payer shall give each individual a **Form 1099-R** (irs.gov) showing the gross payments and the income tax withheld during the year.

**Reporting of California PIT Withheld**

Payers are required to:

(a) File a *Quarterly Contribution Return and Report of Wages* (DE 9).

(b) File a *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C), listing the pension recipient's Social Security number, name, and PIT withheld on the DE 9C each quarter. Do not report the amount of the payment/distribution as either total subject wages or PIT wages.

(c) Submit a *Payroll Tax Deposit* (DE 88) with the PIT withheld from the pension payments. The payers' due date is dependent on both their federal deposit schedule and the amount of accumulated PIT withheld during the quarter. Please refer to the current year's ***California Employer's Guide* (DE 44) (PDF, 2.4 MB)** (edd.ca.gov/pdf_pub_ctr/de44.pdf) "California Deposit Requirements" section, to determine if/when the payer must deposit PIT withheld more frequently than quarterly. If PIT is overpaid and overreported in a quarter, refer to the DE 44 "Correcting Payroll Tax Deposits" section to properly make the necessary adjustments.

**File and Pay Options**

Payers can submit these required forms and payments online using **e-Services for Business** (edd.ca.gov/Payroll_Taxes/e-Services_for_Business.htm). You can visit e-Services for Business to enroll, view tutorials and other resources, or for additional information.

Payers can also use other electronic **filing and payment options** (edd.ca.gov/Payroll_Taxes/File_and_Pay.htm), including Express Pay.

**Separate Reporting Account Number**

The payer may request a separate employer payroll tax account number to report California PIT withheld from the taxable portion of payments of pensions, annuities, and certain other deferred income. This separate account number for reporting withholdings may be obtained by submitting a completed ***Employers Depositing Only Personal Income Tax Withholding Registration and Update Form* (DE 1P)** (edd.ca.gov/Payroll_Taxes/Save_Time_and_Register_Online.htm) to the Employment Development Department (EDD).

**ADDITIONAL INFORMATION**

For further assistance, please contact the Taxpayer Assistance Center at 1-888-745-3886 or visit the nearest **Employment Tax Office** (edd.ca.gov/Office_Locator) listed in the **DE 44 (PDF, 2.4 MB)** (edd.ca.gov/pdf_pub_ctr/de44.pdf) or visit the **EDD website** (edd.ca.gov).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-888-745-3886 or TTY 1-800-547-9565.