



Tax Withholding Election Form For Periodic Payments

Submit this form to:
Mail: PO Box 1229
Santa Ana, CA 92702

Please print or type

1. Member Information

First Name	M.I.	Last Name	Social Security Number
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2. Recipient Information

Complete if different from above

First Name	M.I.	Last Name	Social Security Number
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3. Election of Federal and State Income Tax Withholding

Your benefit from OCERS is subject to federal and California state income taxes. OCERS will withhold funds for these taxes unless you elect not to have withholdings apply. IF YOU DO NOT MAKE AN ELECTION, FEDERAL AND CALIFORNIA STATE INCOME TAX WILL BE WITHHELD BASED ON THE IRS AND CA-FTB REQUIRED DEFAULT ELECTION OF SINGLE WITH NO ADJUSTMENTS.

Please note that if you do not have taxes withheld from your benefit, you may have to pay estimated taxes. You may incur penalties if your withholdings or estimated tax payments are not sufficient.

New Request Change Request

Check the appropriate box(s) below:

(A) Federal Withholding Election:	(B) California State Withholding Election:
<input type="checkbox"/> I am submitting a completed IRS W-4P form. The form can be found at the following URL: https://www.irs.gov/pub/irs-pdf/fw4p.pdf _____	<input type="checkbox"/> No withholding - DO NOT withhold state income tax. <input type="checkbox"/> Flat dollar amount - Withhold \$ _____ in state tax from each benefit payment. <input type="checkbox"/> Tax table - Withhold state income tax from each benefit payment according to my filing status and number of exemptions as I have indicated below: Filing status: <input type="checkbox"/> Head of household <input type="checkbox"/> Married <input type="checkbox"/> Single Number of exemptions: _____ <input type="checkbox"/> Tax table plus extra amount - Withhold state income tax from each benefit payment according to my filing status and the number of exemptions, plus the amount I have entered below. \$ _____

Recipient Signature

Date

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Home Phone Number