ORANGE COUNTY
OCERS
EMPLOYEES RETIREMENT SYSTEM

TAX WITHHOLDING ELECTION FORM FOR PERIODIC PAYMENTS

Section 1: Member Information (Please Print)

1. Last Name	2. First Name	3. Home/Cell Number
4. Social Security Number	5. Personal Email Address	☐ Service Retirement ☐ Retiree Death Payment - Survivorship ☐ DRO Payment

Section 2: Recipient Information (Complete if different from above)

6. Last Name	7. First Name	8. Middle Name
9. Social Security Number	10. Personal Email Address	11. Home/Cell Number

Section 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(es) below:

(A) Federal Withholding Election:	(B) California State Withholding Election:
☐ 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	☐ No withholding - DO NOT withhold state income tax ☐ Flat dollar amount – Withhold $_____ ☐ 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: ☐ Head of household 　　　　　　　☐ Married 　　　　　　　☐ Single Number of exemptions: _____ ☐ 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. $ _____

Section 4: Recipient Acknowledgement

_____ _____
Recipient Signature   Date