



Employees' Retirement Association
 1355 Willow Way Suite 221 Concord CA 94520
 925.646.5741 fax: 925.646.5747
 www.cccera.org

FEDERAL Withholding Certificate for Pension Payments

Print your Full Name	Social Security Number
Home Address (number and street)	<input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> Non-Member
City or Town, State and ZIP	

Complete ONLY ONE of the following choices: (Line 1, or Line 2(a,b,c), or Line 3)

- 1. I DO NOT want any Federal income tax withheld** from my monthly retirement allowance.
-
- 2. I want Federal tax withheld from my retirement allowance figured by using the number of allowances and marital status shown below:**
- a. Number of allowances you are claiming:
- b. SINGLE MARRIED MARRIED, withholding at higher single rate
- c. Additional amount, if any, you want withheld from each monthly pension payment: \$ _____
- NOTE: Before entering an amount here, you must enter a number of allowances above, even if it's zero.*
-
- 3. I want this designated amount withheld from my monthly pension payment:** \$ _____

Your Signature **Date**

STATE OF CALIFORNIA Withholding Certificate for Pension or Annuity Payments

Print your Full Name	Social Security Number
Home Address (number and street)	<input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> Non-Member
City or Town, State and ZIP	

Complete ONLY ONE of the following choices: (Line 1, or Line 2(a,b,c), or Line 3)

- 1. I DO NOT want any State income tax withheld** from my monthly retirement allowance.
-
- 2. I want State tax withheld from my retirement allowance figured by using the number of allowances and marital status shown below:**
- a. Number of allowances you are claiming:
- b. SINGLE MARRIED MARRIED, withholding at higher single rate
- c. Additional amount, if any, you want withheld from each monthly pension payment: \$ _____
- NOTE: Before entering an amount here, you must enter a number of allowances above, even if it's zero.*
-
- 3. I want this designated amount withheld from my monthly pension payment:** \$ _____

Your Signature **Date**
