



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 the following applicable lines:**

1. I **DO NOT** want any Federal income tax withheld from my monthly retirement allowance.   
*(Do not complete any other lines, if this option is your choice.)*
  
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: \$ \_\_\_\_\_
  
3. I want this designated amount withheld from my monthly pension payment: ..... \$ \_\_\_\_\_  
*(Do not complete any other lines, if this option is your choice.)*

**Your Signature** ✓ **Date**

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## 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 the following applicable lines:**

1. I **DO NOT** want any state income tax withheld from my monthly retirement allowance.   
*(Do not complete any other lines, if this option is your choice.)*
  
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: \$ \_\_\_\_\_
  
3. I want this designated amount withheld from my monthly pension payment: ..... \$ \_\_\_\_\_  
*(Do not complete any other lines, if this option is your choice.)*

**Your Signature** ✓ **Date**

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