



# TAX WITHHOLDING CERTIFICATE

*Please complete all sections of this form. This form is used to elect or change your tax withholding options.*

## GENERAL INFORMATION - TYPE OR PRINT

Employees System     Fire & Police System     Address Change    Date

Name     SSN     Date of Birth

Address     City     State     Zip Code

Daytime Phone Number     Cell Phone Number

## SECTION 1 - FEDERAL ELECTION *Check one option only.*

I do not want federal income tax withheld from my monthly retirement benefit.  
(Option not available to US citizens living in a foreign country.)

**OR**

I want federal income tax withheld from my monthly retirement benefit as follows:

Marital Status:     Single     Married     Married but withhold at the higher, single rate

Number of Withholding Allowances (enter "0" if zero): \_\_\_\_\_

I want the following additional amount withheld from each monthly retirement benefit: \_\_\_\_\_

## SECTION 2 - STATE OF CALIFORNIA ELECTION *Check one option only.*

I do not want California state income tax withheld from my monthly retirement benefit.

**OR**

I want California state income tax withheld from my monthly retirement benefit as follows:

Marital Status:     Single or Married with 2 or more incomes     Married (one income)

Number of Withholding Allowances (enter "0" if zero): \_\_\_\_\_

I want the following additional amount withheld from each monthly retirement benefit: \_\_\_\_\_

**OR**

I want this designated amount withheld from each monthly retirement benefit: \_\_\_\_\_

## SECTION 3 - AUTHORIZATION

*I understand this tax withholding certificate applies to the taxable portion of my monthly retirement payment. Any prior federal or state withholding form on file with CFRS is hereby revoked. These changes become effective the next payroll process.*

Signature REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_