



San Diego County Employees  
Retirement Association

# Tax Election for Monthly Retirement Payment

Submit this form to change your tax withholding options. To keep your prior election for either federal or California state income tax withholding, leave that section blank.

MEMBER INFORMATION			
Full Name		Social Security Number	
Street Address		Birthdate	
City	State	Zip	Daytime Telephone Number (    )

FEDERAL ELECTION (select <u>one</u> option: Box A or Box B)	
<b>Box A</b> <input type="checkbox"/>	Do not withhold income tax from my monthly retirement payment. (Note: this option is <b>not</b> available to U.S. citizens living in a foreign country.)
<b>Box B</b> <input type="checkbox"/>	Withhold federal income tax from my monthly retirement payment as follows: Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at the higher, single rate Number of withholding allowances: _____ (enter "0" if zero, do not leave blank)  <b>OPTIONAL:</b> Withhold this additional amount from each payment: _____

STATE OF CALIFORNIA ELECTION (select <u>one</u> option: Box A, Box B or Box C)	
<b>Box A</b> <input type="checkbox"/>	Do not withhold California state income tax from my monthly retirement payment. (Note: SDCERA will discontinue withholding California state income tax upon receipt of an out-of-state address change request.)
<b>Box B</b> <input type="checkbox"/>	Withhold California state income tax from my monthly retirement payment as follows: Marital Status: <input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household Number of withholding allowances: _____ (enter "0" if zero, do not leave blank)  <b>OPTIONAL:</b> Withhold this additional amount from each payment: _____
<b>Box C</b> <input type="checkbox"/>	Withhold this designated amount from each payment: _____

MEMBER AUTHORIZATION	
Any prior federal or California state income tax withholding elections on file with SDCERA are revoked. This authorization is valid for all benefit payments unless otherwise noted. The changes I have elected become effective in the next payroll process.	
Member Signature _____	Date _____