

P.O. Box 942715 Sacramento, CA 94229-2715 888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545 TTY: (877) 249-7442 www.calpers.ca.gov

California Public Employees' Retirement System

Tax Withholding Election

Section 1: Payee Information		
Last Name	SSN	
First Name, Middle Initial	Or CalPERS ID	
Street Address	Phone Number	
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City	State	ZIP Code
Please Specify Which Account(s) You Would Like This Election Applied To:		
Retirement - Your Own Account Death Benefit - Option Portion Survivor Continuance Benefit		
Community Property Benefit Other		
Section 2: Federal Tax Withholding Election		
Complete the following applicable lines:		
1) Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.)		
2) Marital status and total number of allowances you are claiming for withholding from each pension or annuity payment.		
(You also may designate an additional dollar amount on line 3.)		
Marital status: Single Married Married, but withhold at higher Single rate (Must enter no. of allowances.)		
3) Additional amount, if any, you want withheld from each pension or annuity payment		
Section 3: State Tax Withholding Election		
Complete the following applicable lines:		
1) Check here if you do not want any state income tax withheld from your pension or annuity. (Do not complete line 2, 3 or 4.)		
 Marital status and total number of allowances you are claiming for withholding from each pension or annuity payment. (You also may designate an additional dollar amount on line 3.) 		
Marital status: Single Married Head Of Household		
		(Must enter no. of allowances.)
3) Additional amount, if any, you want withheld from each pension or annuity payment		
4) I want this designated amount withheld from each pension or annuity payment\$ (Do not complete lines 1, 2, or 3.)		
Section 4: Signature and Date		
Signature		Date

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