



**STANISLAUS COUNTY
EMPLOYEES' RETIREMENT ASSOCIATION**
832 12th Street, Suite 600
Modesto, CA 95354
P.O. Box 3150 Modesto, CA 95353-3150

Phone (209) 525-6393
Fax (209) 558-4976
www.stancera.org
e-mail: retirement@stancera.org

Substitute Form W-4P	Federal and California State Withholding Certificate For Pension or Annuity Payments	201&
---------------------------------	---	-----------------

Social Security Number	
Name	
Address	
City, State & Zip	

FEDERAL

CALIFORNIA STATE

I elect **not** to have withholding

I elect **not** to have withholding

I want withholding according to the Tax tables:

I want withholding according to the Tax tables:

___ Married ___ Allowances
___ Single ___ Allowances

___ Married ___ Allowances
___ Single ___ Allowances

I want to withhold a flat dollar amount:

I want to withhold a flat dollar amount:

\$_____ Per month

\$_____ Per month

Signature

Date