



### Retiree Tax Withholding Election Form – W4-P

Type or print in ink.

#### RETIREE INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

NEW ADDRESS?  YES  NO

MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		

#### FEDERAL WITHHOLDING ELECTION

**OPTION 1:** I want federal income tax withheld from my monthly retirement benefit as follows:

Marital Status:  Single  Married

Number of withholding allowances (enter "0" of zero): \_\_\_\_\_

I want the following amount withheld in addition to the federal tax table: \$ \_\_\_\_\_

**OPTION 2:** I do not want federal income tax withheld from my monthly retirement benefit.  
*(Not available to U.S. Citizens living in a foreign country)*

#### CALIFORNIA STATE WITHHOLDING ELECTION

**OPTION 1:** I want California State income tax withheld from my monthly retirement benefit as follows:

Marital Status:  Single  Married

Number of withholding allowances (enter "0" of zero): \_\_\_\_\_

I want the following amount withheld in addition to the California tax table: \$ \_\_\_\_\_

**OPTION 2:** I do not want California State tax withheld from my monthly retirement benefit.

**OPTION 3:** I want the designated flat amount withheld from each monthly retirement benefit. \$ \_\_\_\_\_

#### AUTHORIZATION

**Any prior Federal or California State withholding form on file with StanCERA is hereby revoked. I further understand that any request received by StanCERA on or before the 10<sup>th</sup> of the month, will become effective the next payroll process.**

Retiree Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### STANCERA USE ONLY:

ENTERED BY:	DATE ENTERED:	REVIEWED BY:	DATE REVIEWED:

