



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" if 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" if 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 10th of the month, will become effective the next payroll process.

Retiree Signature: _____ Printed Name: _____ Date: _____

