



General Information

Retirees and Beneficiaries must file a Federal and California state tax Withholding Certification for Pension or Annuity Payments with SamCERA. If you do not do so, we are required to withhold taxes from your monthly payments as if you're married claiming three (3) withholding allowances.

Completing this form:

- Complete your personal information. For tax purposes, you must use your home address with a street number. If a P.O. Box is provided, IRS Code requires SamCERA to withhold at the married claiming three (3) withholding allowances rate.
- Line 1: If you want to elect NOT to have Federal or California state tax withheld, check the box.
- Line 2: Enter your total number of allowances. If you are taking none, enter "0".
- Line 2: Check one of the marital status boxes.
- Line 3: Enter an amount to be withheld **in addition to** the number of withholding allowances entered on Line 2. (Line 2 must be completed to select this option.)
- Line 4 (CA DE-4P only): Designate a specific monthly dollar amount to be withheld.
- Sign and date the form before submitting to SamCERA.

Government Resources:

- IRS Form W-4P (instructions & worksheets): www.irs.gov/FormW4P
- IRS Publication 505: www.irs.gov/pub/irs-pdf/p505.pdf
- California Employment Development Department (EDD) Form DE-4P (instructions & worksheets): www.edd.ca.gov/pdf_pub_ctr/de4p.pdf

Additional Information

SamCERA cannot refund any tax it withholds. If you have too much tax withheld, you will receive a refund when you file your tax return with the IRS and/or Franchise Tax Board (CA residence only). If you have too little tax withheld, you will owe taxes and may owe a penalty. Estimated tax requirements and penalties are explained in IRS Publication 505, and worksheets to determine the number of allowances you may claim are in forms W-4P and DE-4P. **If you need assistance determining which withholding election is best for you, consult with a professional tax advisor. SamCERA does not provide tax advice.**

If you reside outside of California: SamCERA will not deduct state income tax from your benefit, for California or any other state. We will still deduct federal income tax. **If you reside outside of the U.S.:** Please see IRS Form W-4P and EDD Form DE-4P for information and instructions.

Effective Date for the Withholdings: Forms received by the 15th of the month are effective in that same month. Forms received after the 15th are effective the following month.

Service Connected Disability Retirement (SCD): If the Board of Retirement granted you a SCD and your SCD benefit is equal to 50% of your final compensation, SamCERA treats your SCD benefit as tax-exempt. SamCERA **cannot** withhold any income regardless of your withholding election on this form. If your SCD benefit is greater than 50% of your final compensation, the portion of your benefit over 50% **is** taxable and your withholding tax will be based on that portion only.

Changing Your Withholding Elections: The withholding tax elections specified on the most recent Tax Withholding Certification form on file with SamCERA will remain in effect until a new form is filed. You may submit changes to your withholding elections at any time by submitting a new Tax Withholding Certification form, which is available on our website: www.samcera.org/member-forms, or you may submit changes online on the MySamCERA Member Portal at www.mysamcera.org.

Filer Information & Acknowledgment

Check which benefit(s) this applies to:

- Member
 Beneficiary
 Former Spouse or Domestic Partner

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Initial Here to acknowledge that you have read the information on the reverse side of this form.

Note: For tax purposes you must put a home address with a street number on this form. If a P.O. Box is provided, IRS Code requires SamCERA to withhold at the married claiming three (3) withholding allowances rate. The address used on this form will not change or update the address you have on file with SamCERA.

FEDERAL TAX WITHHOLDING ELECTION

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 6.	OMB No. 1545-0074 2021
Your first name and middle initial _____ Last name _____		Your social security number _____
Home address (number and street or rural route) _____		Claim or identification number (if any) of your pension or annuity contract _____
City or town, state, and ZIP code _____		
Complete the following applicable lines.		
1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ▶ <input type="checkbox"/>		
2 Total number of allowances and marital status you're claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ▶ _____		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.		(Enter number of allowances.)
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note: For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$ _____		
Your signature ▶ _____		Date ▶ _____
Cat. No. 10225T		Form W-4P (2021)

CALIFORNIA STATE WITHHOLDING ELECTION

<div style="text-align: center;"> WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS </div>	
Type or Print Your Full Name _____	Your Social Security Number _____
Home Address (Number and Street or Rural Route) _____	Claim or Identification Number (if any) of Your Pension or Annuity Contract _____
City, State and ZIP Code _____	
Complete the following applicable lines:	
1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶ <input type="checkbox"/>	
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:	
a. Number of allowances you are claiming from the Regular Withholding Allowances Worksheet A ▶ 1 _____	
b. Number of allowances from the Estimated Deductions Worksheet B ▶ 2 _____	
<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD	
3. I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2 above ▶ \$ _____	
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ _____	
Your Signature ▶ _____	Date ▶ _____

NOTE: THIS WITHHOLDING ELECTION REPLACES ANY PRIOR ELECTION.