

Address: 100 Marine Parkway | Suite 125 Redwood City, CA 94065 Phone: (650) 599-1234 Toll-Free: (800) 339-0761 Fax: (650) 591-1488 PONY: RET 141

Web: www.samcera.org
Email: samcera@samcera.org

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 taxpayers 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 <u>will not</u> 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 <u>cannot</u> 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% <u>is</u> 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.

	F:L	ou lofe weet on O. A almost ledens out			
		er Information & Acknowledgment			
	efit(s) this applies \Box Member \Box	to: Beneficiary	estic	Partner	
		knowledge that you have read the e reverse side of this form.			
RS Code requires S	amCERA to withho	a home address with a street number on the dat the married claiming three (3) withhold odate the address you have on file with Sam	ding al	lowances rate. The address	
	FED	ERAL TAX WITHHOLDING ELECTION			
W-4P		Withholding Certificate for		OMB No. 1545-0074	
Pormi WW WW		Pension or Annuity Payments		2021	
Department of the Treasury Internal Revenue Service		acy Act and Paperwork Reduction Act Notice, see pag	e 6.		
Your first name and mide	dle initial	Last name		Your social security number	
Home address (number and street or rural route) City or town, state, and ZIP code				Claim or identification number (if any) of your pension or annuity contract	
Complete the follow					
payment. (You ma Marital status: 3 Additional amount	y also designate an ad □ Single □ Married , if any, you want withh	status you're claiming for withholding from each per ditional dollar amount on line 3.)	or perio	(Enter number of allowances.)	
Your signature ▶		Date ▶ Cat. No. 10225T		Form W-4P (2021)	
Your signature ▶	CALIFO		ON .	Form W-4P (2021)	
Your signature Employ Develop Depart	ment oment ment	Cat. No. 10225T	E FO	R	
EDD Employ Develop Depart	ment ment ment r n i a	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT	E FOI	R	
Employ Develop Depart State of Califo	ment ment ment r n i a	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT	Soc Clai	R S ial Security Number im or Identification Number (if any)	
Employ Develop Depart State of Califo	ment ment r n i a and Street or Rural Route)	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT	Soc Clai	R S ial Security Number	
First, Middle, Last Name Home Address (Number City, State and ZIP Code	ment ment r n i a and Street or Rural Route) g applicable lines:	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT	Soc Clai	R 'S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fr	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAY	Soc Clair of You	R S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below:	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fr Iding from each pensior	ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA om my pension or annuity. (Do not complete lines 2,	Soc Clair of Your Soc Allow	R S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below: a. Number of al (Worksheet A	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fr lding from each pensior llowances you are claim a).	ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA om my pension or annuity. (Do not complete lines 2, a or annuity payment to be figured using the number of	Soc Clain of Your April 1981	R S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract) ances and marital status	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below: a. Number of al (Worksheet Ab. Number of al SINGLE of	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fr Iding from each pension llowances you are claim of MARRIED (with two of	Cat. No. 10225T ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA om my pension or annuity. (Do not complete lines 2, a or annuity payment to be figured using the number of the complete lines of the Regular Withholding Allowances (Worksheet B). or more incomes) MARRIED (one income)	Soc Clair of Your American Soc Clair of Your American Clair of Allow HEAL	R S ial Security Number im or Identification Number (if any) iour Pension or Annuity Contract) ances and marital status 2a 2b D OF HOUSEHOLD	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below: a. Number of al (Worksheet A b. Number of al SINGLE of SINGLE of SINGLE) 3. I want the followin	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fr Iding from each pension llowances you are claim or MARRIED (with two ong additional amount w	ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA om my pension or annuity. (Do not complete lines 2, a or annuity payment to be figured using the number of the regular Withholding Allowances mated Deductions (Worksheet B).	Soc Clair of Your Allow HEAL	R S ial Security Number im or Identification Number (if any) iour Pension or Annuity Contract) ances and marital status 2a 2b D OF HOUSEHOLD	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below: a. Number of al (Worksheet A b). Number of al SINGLE of SING	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fred lding from each pension llowances you are claim and street or Rural Route) and street or Rural Route) by applicable lines: income tax withheld fred lding from each pension and diting from the Esting additional amount where without entering the	ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA om my pension or annuity. (Do not complete lines 2, a or annuity payment to be figured using the number of the complete lines of the compl	Soc Clai of You allow HEAL	R S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract) ances and marital status 2a 2b D OF HOUSEHOLD nnot \$ \$	
First, Middle, Last Name Home Address (Number City, State and ZIP Code Complete the followin 1. I elect not to have 2. I want my withhol shown below: a. Number of al (Worksheet A b). Number of al SINGLE of SINGLE of an amount here are a section of the properties of the	ment ment r n i a and Street or Rural Route) g applicable lines: income tax withheld fred lding from each pension llowances you are claim and street or Rural Route) and street or Rural Route) by applicable lines: income tax withheld fred lding from each pension and diting from the Esting additional amount where without entering the	ORNIA STATE WITHHOLDING ELECTION WITHHOLDING CERTIFICAT PENSION OR ANNUITY PAYA or annuity payment to be figured using the number of a complete lines and the results of	Soc Clai of You allow HEAL	R S ial Security Number im or Identification Number (if any) our Pension or Annuity Contract) ances and marital status 2a 2b D OF HOUSEHOLD nnot \$ \$	