

REQUEST FOR INCOME TAX WITHHOLDING

W-4P

Social Security Number	(Print) Last Name	First	M.I.
Street Address	City	State	Zip Code

IF YOUR SELECTIONS ARE TO BE APPLIED TO MORE THAN ONE BENEFIT TYPE, PLEASE SELECT BELOW. THE BELOW ELECTIONS WILL BE APPLIED TO ALL SELECTED BENEFIT TYPES.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> SERVICE RETIREMENT | <input type="checkbox"/> DISABILITY | <input type="checkbox"/> LARGER ANNUITY |
| <input type="checkbox"/> CONTINUANCE | <input type="checkbox"/> FDBP | <input type="checkbox"/> OTHER _____ |

The Los Angeles City Employees' Retirement System (LACERS) is required by law to withhold Federal and California State income taxes from your retirement allowance unless you instruct us otherwise (see note below). Retirement income and taxes withheld for the year will be reported on Form 1099-R. IRS requires LACERS to mail your 1099-R to you by January 31st of each year.

IMPORTANT NOTE: If you are a U.S. citizen or resident alien, you can choose not to have tax withheld **if** you give the payer of the benefits **YOUR HOME STREET ADDRESS in the United States (U.S.) or its possessions.** Without this address, LACERS is required to withhold your Federal Tax to the IRS default exemptions of married with three withholding exemptions. A U.S. address for a nominee, trustee, or agent to whom the benefits are to be delivered will not be considered as your own address. Note that this form must be received in our office **on or before** the 15th of the month for your request to take effect in the same month. If received after the 15th, it will take effect the following month.

TAX WITHHOLDING DESIGNATIONS - DO NOT LEAVE BLANK

FEDERAL TAX WITHHOLDING
Select One Option Below

1. **WITHHOLD USING TAX TABLES** based on
 - a. Marital Status: Single/Widow(-er)
 Married
 Married but withhold at higher single rate
 Number of withholding allowances ____
 You **must** write in the number of withholding allowances.
 - b. Additional monthly withholding amount \$ _____
2. **DO NOT WITHHOLD** Federal taxes from my monthly retirement allowance

Note: You must provide your home street address in the U.S. or its possessions to elect this option.
3. **NO CHANGE** - I do not want to change my Federal Tax Withholding at this time. (Only applies to **current** retirees or benefit recipients)

CA STATE TAX WITHHOLDING
Select One Option Below

1. **WITHHOLD USING TAX TABLES** based on
 - a. Marital Status: Single/Widow(-er)
 Married
 Married but withhold at higher single rate
 Number of withholding allowances ____
 You **must** write in the number of withholding allowances
 - b. Additional monthly withholding amount \$ _____
2. **WITHHOLD A FLAT DOLLAR AMOUNT (MONTHLY)** \$ _____
3. **WITHHOLD 10% OF MY FEDERAL INCOME TAX FOR CA STATE TAXES**
4. **DO NOT WITHHOLD** CA State taxes from my monthly retirement allowance
5. **NO CHANGE** - I do not want to change my State Tax Withholding at this time. (Only applies to **current** retirees or benefit recipients)

Retiree's Signature _____

Telephone Number _____

Date _____

For Official Use Only

Payroll Month:	Date Posted:	Posted By:
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ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.