**LACERS**
LA CITY EMPLOYEES'
RETIREMENT SYSTEM

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218
Visit LACERS at 202 W. First Street, Suite 500, Los Angeles, CA 90012
www.lacers.org | lacers.services@lacers.org | Mail Stop 175
(800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

## REQUEST FOR INCOME TAX WITHHOLDING - All Members

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

THE BELOW ELECTIONS WILL BE APPLIED TO ALL SELECTED BENEFIT TYPES.

☐ SERVICE RETIREMENT ☐ DISABILITY ☐ LARGER ANNUITY
☐ CONTINUANCE ☐ FDBP ☐ 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 12th of the month for your request to take effect in the same month. If received after the 12th, it will take effect the following month.

### TAX WITHHOLDING DESIGNATIONS - **DO NOT LEAVE BLANK**

#### FEDERAL TAX WITHHOLDING (W-4P)
**Select One Option Below**

1. ☐ **WITHHOLD USING TAX TABLES** based on

   a. Marital Status: ☐ Single
      ☐ 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 (DE-4P)
**Select One Option Below**

1. ☐ **WITHHOLD USING TAX TABLES** based on

   a. Marital Status: ☐ Single or Married (with two or more incomes)
      ☐ Married (one income)
      ☐ Head of Household
      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. ☐ **DO NOT WITHHOLD** CA State taxes from my monthly retirement allowance

4. ☐ **NO CHANGE** - I do not want to change my State Tax Withholding at this time. **(Only applies to _current_ retirees or benefit recipients)**

_____  _____  _____
Your Signature                    Telephone Number                    Date

| For Official Use Only | | |
|---|---|---|
| Payroll Month: | Date Posted: | Posted By: |