



7772 N. Palm Ave.
Fresno, CA 93711
www.fcera.org
(559) 457-0681 p.
(559) 457-0318 f.

WITHHOLDING REQUEST

Name: _____

Address: _____

City/Zip: _____

Member's Tax Reporting State: _____

I elect NOT to have state income tax withheld from my pension.	<input type="checkbox"/>
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OR

I request that you WITHHOLD state income tax from my pension.		
Please check one:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
Number of Allowances:		
Please withhold the following ADDITIONAL amount from each payment	\$	

OR

Please withhold ONLY the following amount from each payment	\$
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Signature: _____ Date: _____

Social security number: _____