

**LARGER ANNUITY - REQUEST FOR INCOME TAX WITHHOLDING**

**W-4P**

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

The Los Angeles City Employees' Retirement System (LACERS) is required by law to withhold Federal income taxes from your retirement allowance unless you instruct us otherwise. California tax laws also require you to withhold taxes on income earned in California. Retirement income and taxes withheld for the year are reported on Form 1099-R. LACERS will mail your 1099-R to you at the end of each tax year.

**IMPORTANT NOTE:** This form must be received in our office on or before the 15<sup>th</sup> of the month for your request to take effect in the same month. If received after the 15<sup>th</sup>, 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
  - Number of exemptions \_\_\_\_\_  
**You must write in the number of exemptions.**
  - b. Withholding in addition to tax tables \$ \_\_\_\_\_
2.  **WITHHOLD A FLAT DOLLAR AMOUNT (MONTHLY)** \$ \_\_\_\_\_
3.  **DO NOT WITHHOLD** Federal taxes from my monthly retirement allowance
4.  **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
  - Number of exemptions \_\_\_\_\_  
**You must write in the number of exemptions.**
  - b. Withholding in addition to tax tables \$ \_\_\_\_\_
2.  **WITHHOLD A FLAT DOLLAR AMOUNT (MONTHLY)** \$ \_\_\_\_\_
3.  **WITHHOLD 10% OF MY FEDERAL INCOME TAX FOR CA STATES 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 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

For official use only

Payroll Month:	Date Posted:	Posted By:
----------------	--------------	------------