



FRESNO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
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## WITHHOLDING REQUEST

Pensioner's Tax Reporting State: \_\_\_\_\_

Pensioner's Name: \_\_\_\_\_

Pensioner's Address: \_\_\_\_\_  
\_\_\_\_\_

Pensioner's City/Zip: \_\_\_\_\_

I elect **NOT** to have state income tax withheld from my pension.

I request that you **WITHHOLD** State Taxes from my Monthly Installment.

Please withhold the state withholding at a rate of :

Married  Allowances

Single  Allowances

Please withhold the following **ADDITIONAL** amount from each payment.

OR

Please withhold **ONLY** the following amount from each payment.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_