ORANGE COUNTY OCERS
EMPLOYEES RETIREMENT SYSTEM

Orange County Employees Retirement System
2223 E. Wellington Avenue. Suite 100
Santa Ana, CA 92701
(714) 558-6200
www.ocers.org

Tax Withholding Election Form
For Periodic Payments
Please print or type

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1. Member Information

First Name	M.I.	Last Name	Social Security Number

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2. Recipient Information

Complete if different from above

First Name	M.I.	Last Name	Social Security Number

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3. Election of Federal and State Income Tax Withholding

Your benefit from OCERS is subject to federal and California state income taxes. OCERS will withhold funds for these taxes unless you elect not to have withholdings apply. IF YOU DO NOT MAKE AN ELECTION, FEDERAL AND CALIFORNIA STATE INCOME TAX WILL BE WITHHELD BASED ON THE ASSUMED STATUS OF MARRIED WITH THREE EXEMPTIONS.

Please note that if you do not have taxes withheld from your benefit, you may have to pay estimated taxes. You may incur penalties if your withholdings or estimated tax payments are not sufficient.

☐ New Request   ☐ Change Request

Check the appropriate box(s) below:

(A) Federal Withholding Election:	**(B) California State Withholding Election:**
☐ No withholding - DO NOT withhold federal income tax.	☐ No withholding - DO NOT withhold state income tax.
☐ Tax table - Withhold federal income tax from each benefit payment according to my filing status and number of exemptions as I have indicated below:	☐ Flat dollar amount - Withhold $_____ in state tax from each benefit payment
Filing status: ☐ Head of household ☐ Married ☐ Married at single rate ☐ Single	☐ Tax table - Withhold state income tax from each benefit payment according to my filing status and number of exemptions as I have indicated below:
Number of exemptions: _____	Filing status: ☐ Head of household ☐ Married ☐ Married at single rate ☐ Single
☐ Tax table plus extra amount - Withhold federal income tax from each benefit payment according to my filing status and the number of exemptions, plus the amount I have entered below. $_____	Number of exemptions: _____
	☐ Tax table plus extra amount - Withhold state income tax from each benefit payment according to my filing status and the number of exemptions, plus the amount I have entered below. $_____

_____   _____
Recipient Signature   Date

(_____) _____
Home Phone Number

Form - BEN 107 (07/14)