



7772 N. Palm Ave.  
Fresno, CA 93711  
(559) 457-0681 p.  
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FresnoCountyRetirement.org

### WITHHOLDING REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

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

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

OR

Please withhold <b>ONLY</b> the following amount from each payment	\$
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By checking this box indicates my authorization to use my fax/scanned signature as an original

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social security number: \_\_\_\_\_