

**MCERA**  
**MERCED COUNTY EMPLOYEES' RETIREMENT ASSOCIATION**

3199 M Street • Merced, California 95348 • Telephone 209-726-2724 • Fax 209-725-3637  
[www.co.merced.ca.us/retirement](http://www.co.merced.ca.us/retirement)

**INSTRUCTIONS REGARDING FEDERAL AND CALIFORNIA STATE INCOME TAX WITHHOLDING ON  
RETIREMENT INCOME**

You may elect to have federal and/or California state income taxes withheld from your monthly Merced County Employees' Retirement Association (MCERA) benefit at whatever rate you choose. You may elect one of the following options: 1) no tax withholding, 2) withholding based on federal and state tax tables, and/or 3) withholding a specific dollar or percentage amount.

To make an election, complete the Federal and California State Tax Withholding Request Form on the next page and return it to MCERA. The form includes several options for making federal and state of California withholding elections. MCERA will not withhold state taxes for any other state. Please consult with a tax professional to determine the California taxability of your retirement benefit.

You must file this elections form with your retirement application. Federal and California state taxes will be withheld from your retirement benefit, beginning with your first retirement payment.

If you decide to have federal or California state income tax withheld from your retirement benefit, it is your responsibility to make sure that your net benefit payment (i.e., after other deductions) is large enough to cover the amount you want withheld from taxes and other payroll deductions. If it is not sufficient, one or more of your other payroll deductions could be automatically discontinued.

Your tax withholding election will remain in effect until you revoke it. You may revoke your election or change the amount or percentage withheld by MCERA by completing a new Federal and California State Tax Withholding Request Form, available at [www.co.merced.ca.us/retirement](http://www.co.merced.ca.us/retirement). You can expect a short delay while MCERA processes your tax withholding request.

If you elect not to withhold federal or California state income tax from your retirement benefit or if you do not withhold enough tax, you may be responsible to pay estimated tax. Additionally, you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Any tax withheld by MCERA may not be refunded to you by MCERA.

MCERA cannot provide you with advice on federal or state tax withholding. Please contact your accountant or tax attorney, the California State Franchise Tax Board or the Internal Revue Service for information on your individual tax situation.

Please complete all the information on back of this page and return by mail, email or fax to:

MERCED COUNTY RETIREMENT OFFICE  
3199 M STREET  
MERCED, CA 95348  
(209) 725-3637  
[mcera@countyofmerced.com](mailto:mcera@countyofmerced.com)

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**FEDERAL AND CALIFORNIA STATE TAX WITHHOLDING REQUEST FORM**

**Please select from ONE of the THREE options below:**

**1) No Tax Deducted (MCERA will not withhold taxes from other states)**

I do not wish to have Federal withholding tax deducted from my MCERA benefit.

I do not wish to have California State withholding tax deducted from my MCERA benefit.

I understand that I am liable for payment of Federal and/or California State tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payment rules if my payment of estimated tax and withholding are not adequate.

**2) Fixed Amount**

I elect to have this exact amount of Federal withholding tax deducted: \$\_\_\_\_\_ OR \_\_\_\_\_%

I elect to have this exact amount of California State withholding tax deducted: \$\_\_\_\_\_ OR \_\_\_\_\_%

**3) Tax Tables**

I elect to have my Federal and California State withholding tax computed using the number of allowances and marital status indicated below:

Federal Tax

California State Tax

Married filing jointly

Married filing jointly

Single or Married filing separately

Single or Married filing separately

Head of Household

Head of Household

Number of Allowances: \_\_\_\_\_

Number of Allowances: \_\_\_\_\_

In **addition** to the tax computed via the tax table above, I elect to have this additional amount withheld:

Federal: \$\_\_\_\_\_

California State: \$\_\_\_\_\_

**If you receive multiple pensions, please indicate which account you want to apply the changes:**

Member

Beneficiary

Ex-Spouse

I have reviewed the information on the back of this form and hereby submit this statement of preference regarding how my benefit is to be treated for purposes of Federal and California State income tax withholding.

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\*\*\*\*This form replaces any prior withholding election filed with MCERA.\*\*\*\*