



701 Camino de los Marquez Santa Fe, NM 87505 (505) 827-8030 (505) 827-1855 fax
6201 Uptown Blvd. NE Ste. 204 Albuquerque, NM 87110 (505) 888-1560 (505) 830-2976 fax

State and Federal Tax Deduction Form

Please Print

Full Name Social Security Number

Mailing Address

City State Zip Phone No.

CHECK HERE if you are receiving a pension as a beneficiary. Member's Social Security Number:

Married Married, but withhold at a higher single rate Single/Widowed

Please take into consideration other income not subject to withholding, including social security income.

FEDERAL Tax Deductions

STATE Tax Deductions

- I do not wish to have federal tax deducted from my benefit.
I wish to claim (#) allowances and have NMERB determine the amount, if any to be withheld in accordance with the tax tables.
In addition to #2 above, please withhold an additional amount of \$ per month.
Instead of withholding based on exemptions, I want the following amount withheld from each payment: Federal \$

- I do not wish to have State of New Mexico tax deducted from my benefit.
I wish to claim (#) allowances and have NMERB determine the amount, if any to be withheld in accordance with the tax tables.
In addition to #2 above, please withhold an additional amount of \$ per month.
Instead of withholding based on exemptions, I want the following amount withheld from each payment: NM State \$

I understand that this form supersedes any and all previous tax deduction forms. I have completed all applicable fields in the Federal and State Tax Deductions sections of this form. I understand that if insufficient taxes are withheld, I may be subject to a penalty by the Internal Revenue Service and the State of New Mexico. I hereby submit this request regarding the treatment of my retirement benefit for purposes of withholding Federal and State Taxes.

Signed Date

Please return this form upon completion to: New Mexico Educational Retirement Board PO Box 26129 Santa Fe, NM 87502-0129

NMERB USE ONLY
Effective Date:
By: