

**EDUCATIONAL RETIREMENT BOARD
STATE AND FEDERAL TAX DEDUCTION FORM**

PLEASE PRINT

Full Name _____ Social Sec. No. _____

Mailing Address _____

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

FEDERAL TAX DEDUCTIONS

- 1. I do not wish to have federal tax deducted from my benefit.

- 2. I wish to claim # _____ allowances and have ERB determine the amount, if any, to be withheld in accordance with the tax tables.

- 3. In addition to #2 above, please withhold an additional amount of \$ _____ per month.

- 4. Instead of withholding based on exemptions, I want the following amount withheld from each payment.
Federal \$ _____

STATE TAX DEDUCTIONS (If a resident of NM only)

- 1. I do not wish to have State of New Mexico tax deducted from my benefit.

- 2. I wish to claim # _____ allowances and have ERB determine the amount, if any, to be withheld in accordance with the tax tables.

- 3. In addition to #2 above, please withhold an additional amount of \$ _____ per month.

- 4. Instead of withholding based on exemptions, I want the following amount withheld from each payment.
State \$ _____

I hereby submit this request regarding the treatment of my retirement benefit for purposes of withholding Federal or State Tax.

Signed _____ Date _____

PLEASE NOTE: If form is completed incorrectly, this office will deduct as if member were married with three (3) allowances. Also, if insufficient Federal taxes are withheld, you may be subject to a penalty by the Internal Revenue Service.

Please return this form upon completion to:

EDUCATIONAL RETIREMENT BOARD
P.O. BOX 26129
SANTA FE, NM 87502-0129

Phone: (505) 827-8030

ERB USE ONLY

Effective Date: _____

By: _____