# Combined Federal & State Tax Election Form

**RETURN THIS FORM TO:**
**CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM**
**501 PALM AVE, 3rd FLOOR**
**HIALEAH FL 33010**

Name:_____ Social Security No. _____

Address: _____

City:_____ State:_____ Zip Code: _____

State of Tax Withholding: ___FL___

## STATE ELECTIONS

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ I request that you withhold $ _____ from my pension for state income tax.

☐ I request that you withhold state tax based on my marital status and number of exemptions

    Marital Status: _____     Number of Exemptions: _____

☐ I want the following additional amount withheld from each pension or annuity payment.
    Additional Amount: $ _____

☐ I request that no tax be withheld from my distribution.

## FEDERAL ELECTIONS

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ I elect not to have income tax withheld from my pension or annuity.

☐ I elect to have a flat dollar amount withheld: $_____

☐ I want my withholding from each **periodic** pension or annuity payment to be figured using the number of allowances and marital status below:

    Marital Status: ☐ Single

                ☐ Married

    Number of allowances: _____

☐ I want the following additional amount withheld from each pension or annuity payment.
    Additional Amount: $ _____

**Retiree Signature** _____ **Date** _____