

# Combined Federal & State Tax Withholding Election Form For Monthly Recurring Pension Payments

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State of Residence for withholding purposes: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Retiree Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## FEDERAL TAX ELECTION

PLEASE CHECK THE APPROPRIATE BOXES:

- I do not want federal income tax to be withheld from my pension.
- I want \$ \_\_\_\_\_ per month to be withheld for federal income tax.

## STATE TAX ELECTION

PLEASE CHECK THE APPROPRIATE BOXES:

- I do not want state income tax to be withheld from my pension.
- I want \$ \_\_\_\_\_ per month to be withheld for state income tax.

**RETURN THIS FORM TO:** **City of Aurora General Employees' Retirement Plan**  
12100 East Iliff Avenue, Suite 108  
Aurora, Colorado 80014  
Phone (303) 368-9160 Fax (303) 368-9181  
Email: [info@auroragerp.org](mailto:info@auroragerp.org)