

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

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

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.
- I want my withholding to be figured using the information provided below:
 - Marital Status: Single Married
 - Married, but withhold at higher "Single" rate
 - Number of allowances: _____
 - Additional amount (if any) to be withheld from each pension payment: \$ _____

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.