

**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** _____

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.