



Federal and New Mexico Tax Deduction Form

SUBSTITUTE W-4P

Please read attached instructions before filling out this form.

Please Print - Please use blue or black ink

SECTION 1

Your Full Name _____ Your SSN: _____

Mailing Address _____ Street _____

City _____ State _____ Zip _____ Contact Phone Number _____

[] I receive a benefit as a beneficiary -> Deceased member's SSN: _____

SECTION 2

Check the appropriate boxes in both the Federal and State Section and sign below:

FEDERAL WITHHOLDING ELECTION:

- 1. No withholding - check here if you do not want any Federal income tax withheld (do not fill out 2 or 3)
2. Please withhold Federal income tax from each benefit payment according to my withholding status and number of exemptions as I have indicated below:
Withholding status: [] Married [] Married, but at a higher single rate [] Single
Number of exemptions: _____
3. Additional amount, if any, of Federal income tax you want withheld from each benefit payment: \$_____ (You cannot enter an amount here without entering the number of exemptions, even if 0, in line 2)

*Under current federal law, you can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

NEW MEXICO STATE WITHHOLDING ELECTION:

- 1. No withholding - check here if you do not want any State income tax withheld (do not fill out 2, 3 or 4)
2. Please withhold State income tax from each benefit payment according to my withholding status and number of exemptions as I have indicated below:
Withholding status: [] Married [] Married, but at a higher single rate [] Single
Number of exemptions: _____
3. Additional amount, if any, of State income tax you want withheld from each benefit payment \$_____ (You cannot enter an amount here without entering the number of exemptions, even if 0, in line 2)
4. Flat dollar amount - Withhold \$_____ of state income tax from each benefit payment. (If you check this box, do not fill out 1, 2 or 3)

I understand that this form supersedes any and all previous tax deductions forms. I have completed all applicable fields in the Federal and NM State Tax Deductions sections of this form. I understand that if insufficient taxes are withheld or remitted, I may be subject to a penalty and interest by the Internal Revenue Service and the State of New Mexico. I hereby submit this request regarding the treatment of my retirement benefit for purposes of withholding Federal and State taxes.

Signed _____

Date _____