



State and Federal Tax Deduction Form

Please send this completed form to the Santa Fe Office or fax it to the payroll fax number above. ERB must receive this completed form by the 10th of the month in order to become effective the same month. Forms received after the 10th of the month will become effective the following month.

Please Print

Full Name Social Security Number

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

Mailing Address

City State Zip

Contact Phone Number:

Please note that if you do not have taxes withheld from your benefit, you may have to pay estimated taxes. You may incur penalties if your withholdings or estimated tax payments are not sufficient.

Check the appropriate box(es) below:

Form with two columns: FEDERAL Withholding Election and NEW MEXICO STATE Withholding Election. Each column contains five options for withholding elections, including checkboxes for 'No withholding', 'Tax table', 'Tax table plus extra amount', 'Flat dollar amount', and 'No change to my existing...'. Includes a signature and date line at the bottom.

I understand that this form supersedes any and all previous tax deduction 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, I may be subject to a penalty 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.

NMERB USE ONLY Effective Date: By: