



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 take into consideration other income not subject to withholding, including social security income.

Check One: Married Married, but withhold at a higher single rate Single/Widowed

You must make a selection for both the Federal & NM State sections below. Incomplete forms will be returned.

FEDERAL Tax Deductions

- 1. I do not wish to have federal tax deducted from my benefit.
2. I wish to claim (#) allowances and have NMERB determine the amount, if any to be withheld in accordance with the tax tables.
3. In addition to #2 above, please withhold an additional amount of \$ per month.
4. Instead of withholding based on exemptions, I want the following amount withheld from each payment: Federal \$
5. No change.

NM STATE Tax Deductions

- 1. I do not wish to have State of New Mexico tax deducted from my benefit.
2. I wish to claim (#) allowances and have NMERB determine the amount, if any to be withheld in accordance with the tax tables.
3. In addition to #2 above, please withhold an additional amount of \$ per month.
4. Instead of withholding based on exemptions, I want the following amount withheld from each payment: NM State \$
5. No change.

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.

Signed _____ Date _____

NMERB USE ONLY
Effective Date:
By: