Public Employees' Retirement System of Nevada

[illegible]

Federal Income Tax Withholding Certificate

Please print or type in black ink.

Your Name: _____

Social Security Number: _____ Phone: (_____) _____

If you receive more than one benefit check each month, please select ALL ACCOUNTS to which these instructions are to be applied:

☐ Your Retirement Benefit ☐ Beneficiary/Survivor Benefit ☐ Alternate Payee Benefit

Select ONE of the following three options.

Option #1

_____ **I do not** wish to have federal income tax withheld from my benefit. I realize I am liable for payment of federal taxes on my retirement benefits and I may be subject to tax penalties under the estimated tax payment rules if my payments are inadequate.

Option #2

I authorize PERS to calculate the amount of taxes to be withheld based on the following information:

Marital Status: (**must mark one**) Single Married _____ _____

Exemptions Claimed: I for yourself _____

I for your spouse _____

Other exemptions _____

Total _____

I also authorized the additional amount of $_____ to be added to the amount calculated based upon the above instructions.

Option #3

_____ I authorize PERS to withhold the following flat rate amount from my monthly check: $_____

I have reviewed the information on this form and hereby submit these instructions for purposes of federal income tax withholding.

Signature: Date: _____ _____

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