

SANTA BARBARA COUNTY EMPLOYEES' RETIREMENT SYSTEM  
3916 State St Suite 210, SANTA BARBARA CA 93105

**FORM W4-P**

**FEDERAL Withholding Certificate for Pension or Annuity Payments**

\_\_\_\_\_  
Type or print your full name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home address (number and street or rural route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
(Area Code) Phone Number

Complete the following applicable lines:

- I elect to have no federal income tax withheld from my pension.
- I elect my withholding from each periodic pension or annuity to be figured using the number of allowances and marital status shown.

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of allowances \_\_\_\_\_

I want the following *additional* amount (*in addition to my filing status as claimed above*) withheld from each periodic pension or annuity payment. \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM DE 4P**

**STATE Withholding Certificate for Pension or Annuity Payments**

\_\_\_\_\_  
Type or print your full name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home address (number and street or rural route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
(Area Code) Phone Number

Complete the following applicable lines:

- I elect to have no state income tax withheld from my pension.
- I want this amount withheld from each periodic pension or annuity payment. \$ \_\_\_\_\_
- I elect my withholding from each periodic pension or annuity to be figured using the number of allowances and marital status shown.

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of allowances \_\_\_\_\_

I want the following *additional* amount (*in addition to my filing status as claimed above*) withheld from each periodic pension or annuity payment. \$ \_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date