693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website www.nvpers.org

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:
☐ 1 for yourself
☐ 1 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/s $_____.

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

Signature:_____Date:_____