



## GEORGIA STATE INCOME TAX Substitute Form G-4P

### Withholding Certificate for Pension or Annuity Payment

Please print clearly. Blue ink is preferred. **Mail** this completed form along with any other required documentation needed to process your request to the Employees' Retirement System of Georgia (ERSGA). Funds are deposited on the last work day of each month. **Access your account at [ers.ga.gov](http://ers.ga.gov) to update your direct deposit online, review check stubs, and more.**

#### SECTION 1 - Your Information Note: We will update our records to reflect the mailing address listed below.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
mm/dd/yyyy  Cellular  Home  Work

#### SECTION 2 – Benefit Payments to Update Select all benefit payments that should be sent to the account listed below.

All payments selected will be updated based on the tax elections listed in Section 3 and 4. If you are receiving multiple benefit payments each month (e.g., a survivor benefit payment (beneficiary) and a retirement benefit payment or retirement benefit payments from two separate plans) and would like the separate payments to have different tax elections, complete and submit a separate form for each payment or we recommend you update your tax elections online. If no selection is made, all benefit payments will be updated to the tax election below

Legislative Retirement System (LRS)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary	Employees' Retirement System (ERS)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary
Public Schools Employees Retirement System (PSERS)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary	1st ERS Supplemental Guaranteed Lifetime Income (SGLI)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary
Georgia Judicial Retirement System (GJRS)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary	2nd ERS Supplemental Guaranteed Lifetime Income (SGLI)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary
Georgia Military Pension Fund (GMPF)	<input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary		

#### SECTION 3 – Tax Options Indicate the appropriate tax filing options below.

- All retirees age 62 and older and those retirees totally and permanently disabled (as defined by provisions in the Georgia Income Tax regulations) may be eligible for additional tax exemptions. Contact the Georgia Department of Revenue (DOR) or consult a tax adviser for further information and for any specific questions regarding the withholding of State income tax.
- CAUTION:** Having no tax withheld or failure to have enough tax withheld, may result in your being responsible for payment of estimated taxes. Penalties may incur if the tax withheld and estimated tax payments are not sufficient to cover your tax liability. Consult the Georgia DOR or a tax advisor to determine if the penalties for underpayment apply to you.

FILING STATUS (Choose only one): \_\_\_\_\_ Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Married Filing Separate  
 \_\_\_\_\_ Married Filing Jointly: One Spouse Working \_\_\_\_\_ Married Filing Jointly: Both Spouses Working

EXEMPTIONS: I claim \_\_\_\_\_ total dependents/ exemptions/allowances.

#### SECTION 4 - Withholding Options

Please refer to the instructions on page 2 of this form, then choose all that apply.

- \_\_\_\_\_ 1. Do NOT withhold Georgia State income tax from my monthly benefit. (Do not complete lines 2 or 3.)
- \_\_\_\_\_ 2. Withhold from each monthly benefit payment an amount to be figured using the filing status and the number of exemptions I listed above.
- \_\_\_\_\_ 3. Withhold the following additional amount from each monthly benefit payment: \$ \_\_\_\_\_.
- NOTE: Choose only if line 2 is completed.

#### SECTION 5 - Signature

I understand that by signing this form, I am certifying that the above information is complete and accurate. This information continues in effect until I cancel or change it in writing or online.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GEORGIA STATE INCOME TAX**  
**Withholding Certificate for Pension or Annuity Payments**

**Section 4 Instructions**

1. Choose this option if you do not want any tax withheld from your benefit check.
  2. Choose this option if you wish to withhold taxes based on Georgia Department of Revenue tax tables using the filing status and the number of exemptions you listed.
  3. Choose this option if you wish to have an additional specific dollar amount withheld. NOTE: Choose only if line 2 is completed.
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Your choice is effective until you notify us in writing on another G-4P. For a change to be effective for a particular month, the request must be received by the 18th of the month. You may revoke or change this form at any time.

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Employees' Retirement System of Georgia  
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Atlanta, GA 30318-7778  
Local (404) 350-6300  
Toll Free 1-800-805-4609  
[ers.ga.gov](http://ers.ga.gov)