



STATE INCOME TAX Substitute Form G-4P
Withholding Certificate for Pension or Annuity Payment

SECTION 1 - RETIREE INFORMATION

RETIREMENT PLAN TYPE (Mark X in Appropriate Box)

- | | |
|--|--|
| <input type="checkbox"/> Employees' Retirement System (ERS) | <input type="checkbox"/> Georgia Judicial Retirement System (GJRS) |
| <input type="checkbox"/> Public School Employees Retirement System (PSERS) | <input type="checkbox"/> Georgia Military Pension Fund (GMPF) |
| <input type="checkbox"/> Georgia Legislative Retirement System (LRS) | <input type="checkbox"/> Georgia Defined Contribution Plan (GDGP) |

Name: _____ SSN: - -

(Last) (First) (MI) (Maiden)

Daytime Phone Number: (____) _____ E-mail Address: _____

Mailing Address: _____

(Street) (City) (State) (Zip Code)

SECTION 2 - TAX OPTIONS

INSTRUCTIONS:

- A. Indicate the appropriate tax filing options.
 B. 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 or consult a tax adviser for further information and for any specific questions regarding the withholding of State income tax.
 C. 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 Department of Revenue 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 3 - WITHHOLDING OPTIONS

INSTRUCTIONS:

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

- ____ 1. Do **NOT** withhold 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 4 - SIGNATURE

Signature _____ Date _____

ERSGA USE ONLY

Retirement Number: _____ Date Verified: _____ Initials: _____

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SECTION 3 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.

Your choice is effective until you notify us in writing on another G-4P form. 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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