Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Avenue, Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Federal Income Tax Withholding Certificate

Name: _____

Last Four Digits of SSN: _____Phone: (_____)_____

Please select ALL ACCOUNTS to which these instructions are to be applied:

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

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Please note: PERS will use a standard deduction of married with three exemptions for your first retirement check. All checks thereafter will be based on the instructions of the Tax Withholding Certificate form completed and submitted to PERS.

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 authorize 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: _____