



General Employees Retirement Fund

Bob Buckhorn, Mayor

PENSION FEDERAL TAX WITHHOLDING CERTIFICATE

GE #: _____ DATE: _____ SS# Ending: XXX-XX-_____

NAME OF PERSON RECEIVING CHECK:

Last First Middle Initial

- INSTRUCTIONS:** Check A if you do not want federal income tax withheld from your monthly pension payments.
Check B if you wish federal income tax withheld based on marital status and number of exemptions.
Check C if you wish an exact amount of federal income tax to be withheld.
Check B and C if you wish a combination of B and C options.

- A. _____ (✓) I do not want federal income tax withheld from my pension payments.
B. _____ (✓) I want federal income tax withheld from my pension based on:
Number of Exemptions _____ and Married _____ (✓) or Single _____ (✓)
C. _____ (✓) I want federal income tax of \$ _____ per month to be withheld from my pension payments.

This withhold election revokes any previous withholding election.

SIGNATURE OF PERSON RECEIVING CHECK

306 E Jackson Street, 7th Floor E. • Tampa, Florida 33602 • (813) 274-7850 • FAX: (813) 274-7176
Email: GEPension@TampaGov.net • Website: www.TampaGov.net/GEPension