

Non-Required Minimum Distribution State Tax Withholding Election

Name

CalPERS ID or SSN



Withholding Certificate for Pension or Annuity Payments

First, Middle, Last Name		Social Security Number
Home Address (Number and Street or Rural Route)		Claim or Identification Number (if any) of Your Pension or Annuity Contract
City	State ZIP Code	

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶ ☐
2. I want my withholding from each pension or annuity payment to be calculated using the filing status and number of allowances shown below:
 - a. Filing Status: ☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of Household
 - b. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2b _____
 - c. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2c _____
 - d. Total Number of Allowances you are claiming. ▶ 2d _____
3. I want the following additional amount withheld from each pension or annuity payment (Worksheet C).
Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2d above. ▶ \$ _____
4. I want this amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ _____

Your Signature ▶

Date ▶

Cut Here

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

Mail to:

Member Account Management Division, P.O. Box 942704, Sacramento, CA 94229-2704

Note: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.

This form DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
 - (a) The filing status and number of allowances specified.
 - (b) A designated dollar amount.
- (4) Update the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Included in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments that do not require a DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether a DE 4P is required.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes line 2 and if applicable line 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.
- (3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26/3405). Payee completes line 4 above.

Completing the Form: Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding

Allowances: If you want withholding to be calculated based on a specified filing status and number of allowances, check the filing status box you want and write the number of allowances on line 2. The worksheets accompanying this form may be used to figure out your withholding allowance.

Line 3, Multiple Pensions or More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line instead of claiming withholding allowances.

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

Worksheet A Regular Withholding Allowances

- | | |
|--|-----------|
| A) Allowance for yourself – enter 1. | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) – enter 1. | (B) _____ |
| C) Allowance for blindness – yourself – enter 1. | (C) _____ |
| D) Allowance for blindness – your spouse (if not separately claimed by your spouse) – enter 1. | (D) _____ |
| E) Allowances for dependents – do not include yourself or your spouse. | (E) _____ |
| F) Total – add lines (A) through (E) above and enter on line 2b of the DE 4P. | (F) _____ |

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B Estimated Deductions

- | | |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. \$ _____ |
| 2. Enter \$11,412 if unmarried head of household or qualifying widow(er) with dependents.
\$11,412 if married filing jointly with two or more allowances.
\$5,706 if single, dual income, married, or married with multiple employers.
\$5,706 if married filing separately or married with "0" or "1" allowance. | 2. \$ _____ |
| 3. Subtract line 2 from line 1, enter difference. | 3. \$ _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. \$ _____ |
| 5. Add line 4 to line 3 and enter the sum. | 5. \$ _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. \$ _____ |
| 7. If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference. | 7. \$ _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number.
Enter this number on line 2c of the DE 4P. Complete Worksheet C, if needed. | 8. \$ _____ |
| 9. If line 6 is greater than line 5,
enter amount from line 6 (nonwage income). | 9. \$ _____ |
| 10. Enter amount from line 5 (deductions). | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference. | 11. \$ _____ |

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the [Family Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2026. 1. \$ _____
2. Enter estimate of nonwage income from line 6 of Worksheet B. 2. \$ _____
3. Add line 1 and line 2 and enter the sum. 3. \$ _____
4. Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. 4. \$ _____
5. Enter adjustments to income from line 4 of Worksheet B. 5. \$ _____
6. Add line 4 and line 5 and enter the sum. 6. \$ _____
7. Subtract line 6 from line 3 and enter the difference. 7. \$ _____
8. Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below. 8. \$ _____
9. Enter personal exemptions from line F of Worksheet A x \$168.30. 9. \$ _____
10. Subtract line 9 from line 8 and enter the difference. 10. \$ _____
11. Enter any tax credits. (See FTB Form 540) 11. \$ _____
12. Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. 12. \$ _____
13. Calculate the tax withheld and estimated to be withheld during 2026. Contact the payer to request the amount that will be withheld on your wages based on the tax filing status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026. 13. \$ _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. 14. \$ _____
15. Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. 15. \$ _____

Note: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P.

If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2026 Only**Single Persons, Dual Income
Married or Married with Multiple Employers**

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$11,079	1.100%	\$0	\$0.00
\$11,079	\$26,264	2.200%	\$11,079	\$121.87
\$26,264	\$41,452	4.400%	\$26,264	\$455.94
\$41,452	\$57,542	6.600%	\$41,452	\$1,124.21
\$57,542	\$72,724	8.800%	\$57,542	\$2,186.15
\$72,724	\$371,479	10.230%	\$72,724	\$3,522.17
\$371,479	\$445,771	11.330%	\$371,479	\$34,084.81
\$445,771	\$742,953	12.430%	\$445,771	\$42,502.09
\$742,953	\$1,000,000	13.530%	\$742,953	\$79,441.81
\$1,000,000	and over	14.630%	\$1,000,000	\$114,220.27

Married Persons

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$22,158	1.100%	\$0	\$0.00
\$22,158	\$52,528	2.200%	\$22,158	\$243.74
\$52,528	\$82,904	4.400%	\$52,528	\$911.88
\$82,904	\$115,084	6.600%	\$82,904	\$2,248.42
\$115,084	\$145,448	8.800%	\$115,084	\$4,372.30
\$145,448	\$742,958	10.230%	\$145,448	\$7,044.33
\$742,958	\$891,542	11.330%	\$742,958	\$68,169.60
\$891,542	\$1,000,000	12.430%	\$891,542	\$85,004.17
\$1,000,000	\$1,485,906	13.530%	\$1,000,000	\$98,485.50
\$1,485,906	and over	14.630%	\$1,485,906	\$164,228.58

Unmarried Head of Household

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$22,173	1.100%	\$0	\$0.00
\$22,173	\$52,530	2.200%	\$22,173	\$243.90
\$52,530	\$67,716	4.400%	\$52,530	\$911.75
\$67,716	\$83,805	6.600%	\$67,716	\$1,579.93
\$83,805	\$98,990	8.800%	\$83,805	\$2,641.80
\$98,990	\$505,208	10.230%	\$98,990	\$3,978.08
\$505,208	\$606,251	11.330%	\$505,208	\$45,534.18
\$606,251	\$1,000,000	12.430%	\$606,251	\$56,982.35
\$1,000,000	\$1,010,417	13.530%	\$1,010,417	\$105,925.35
\$1,010,417	and over	14.630%	\$1,010,417	\$107,334.77

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States

1-800-852-5711 (Voice)

1-800-822-6268 (TTY)

If you are calling from outside the United States

1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of **Title 22, California Code of Regulations** (govt.westlaw.com/calregs/Search/Index), section 4340-1, and the **California Revenue and Taxation Code** (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Example for Worksheet C for the Year 2026

Payee estimates pension income to be \$1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

- | | |
|---|-----------------|
| 1. Estimate annualized income (\$1,500 a month x 12 months). Enter on line 1. | 1. \$ 18,000.00 |
| 2. Estimated nonwage income. | 2. \$ 8,000.00 |
| 3. Add lines 1 and 2 and enter total on line 3. | 3. \$ 26,000.00 |
| 4. Enter amount for single from line 2 of Worksheet B. | 4. \$ 5,706.00 |
| 5. Enter adjustments to income shown on line 4 of Worksheet B. | 5. \$ 0.00 |
| 6. Enter sum of lines 4 and 5. | 6. \$ 5,706.00 |
| 7. Subtract line 6 from line 3 and enter difference on line 7. | 7. \$ 20,294.00 |
| 8. Compute the tax liability for the amount on line 7. | |
| Use the 2026 tables for single from Worksheet C under the entry covering \$20,294
(over \$11,079 but not over \$26,264).
Compute 2.200% of the amount over \$11,079
(\$20,294 – \$11,079) x 0.022 = \$202.73. \$ 202.73
Additional + tax amount. \$ 121.87
Enter the total on line 13. Total <u>\$ 324.60</u> | |
| 9. Enter the amount for one personal exemption on line 9 (1 x \$168.30). | 9. \$ 168.30 |
| 10. Subtract line 9 from line 8 and enter the difference on line 10. | 10. \$ 156.30 |
| 11. Enter any tax credits that will be allowed for 2026 (see FTB Form 540). | 11. \$ 0.00 |
| 12. Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability. | 12. \$ 156.30 |
| 13. Calculate the tax withheld and estimated to be withheld during 2026. | |
| 14. Withholding on the pension of \$1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2026 is \$0.00 x 12 = \$0.00.
Enter that amount on line 13. | 13. \$ 0.00 |
| 15. Subtract line 13 from line 12. Enter difference on line 14. | 14. \$ 156.30 |
| 16. Divide line 14 by the number of pay periods remaining in the year.
(\$156.30 ÷ 12 = \$13.02) | 15. \$ 13.02 |

Enter \$13.02 on line 3 of the DE 4P.

Privacy Notice

The privacy of personal information is important to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and Section 7(b) of the Federal Privacy Act of 1974.

Information Purpose

The information requested by CalPERS is collected pursuant to the authority granted under the Public Employees' Retirement Law (Government Code sections 20000 et seq.) and will be used solely for the purpose of carrying out the duties of the CalPERS Board of Administration in administering the Public Employees' Retirement System, the Legislators' Retirement System, the Judges' Retirement System, the Judges' Retirement System II, the Public Employees' Deferred Compensation Program, the Supplemental Contributions Program, the Public Employees' Long-Term Care Program, the Public Employees' Medical and Hospital Care Act, the Old Age and Survivors' Insurance Program, the Annuitants' Health Care Coverage Fund, the California Employers' Pension Prefunding Trust Fund, and the Replacement Benefit Plan, as applicable. Submission of the requested information is mandatory and is necessary for the provision of your benefits.

For a description of the personal information we collect to administer your benefits, refer to our [Privacy Policy](#).

Social Security Numbers

Disclosure of your Social Security number to CalPERS is mandatory if it's CalPERS' first request for it. Disclosure of it pursuant to subsequent requests is voluntary, provided CalPERS already has record of your Social Security number and it's accessible.

Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used and disclosed for the following purposes:

1. Identification purposes
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state and federal agencies
5. Coordination of benefits among carriers and with Medicare
6. Resolving member appeals, complaints, or grievances with health plan carriers
7. Vital statistics (including mortality) verification

Information Disclosure

Information collected by CalPERS may be transferred to federal and other state agencies (such as your employer or their administrators), physicians, insurance carriers, service providers, and other third parties as described in the CalPERS Privacy Policy.

Your Rights

You have the right to review your membership files maintained by CalPERS. The CalPERS Records Management Unit is our custodian of records. To request your records, call our Customer Contact Center at **888 CalPERS** (or 888-225-7377) or TTY (877) 249-7442, or write to:

- **CalPERS Records Management Unit**, 400 Q Street, Sacramento, CA 95811

For questions about this notice, our Privacy Policy, or your rights, call our Customer Contact Center at **888 CalPERS** (or 888-225-7377) or TTY (877) 249-7442 or write to:

- **CalPERS Privacy Officer**, 400 Q Street, Sacramento, CA 95811