

CITY OF ATLANTA
Employees Pension Fund
2187 Northlake Parkway
Suite 106 Building # 9
Tucker GA 30084
Tel: 770-934-3953 Fax: 770-939-6940

RETIREE WITHHOLDING ALLOWANCE

NAME: _____ SOCIAL SECURITY: _____

ADDRESS: _____ () SINGLE () MARRIED
(NUMBER AND STREET)

CITY / STATE / ZIP: _____

FEDERAL WITHHOLDINGS

1. Withholding Federal Tax from my pension check: () Yes () No
(Check One)
 2. Amount to be withheld monthly: \$ _____
OR
 3. Total number of allowances: _____
 4. Additional amount to be deducted: \$ _____
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STATE WITHHOLDINGS

1. Withhold Georgia Tax from my pension check: () Yes () No
(Check One)
2. Amount to be withheld monthly: \$ _____
OR
3. Total number of allowances: _____
4. Additional amount to be deducted: \$ _____

Signature: _____ Date: _____