



**Employees' and Elected Officials' Retirement Systems**  
**7 East Redwood Street, 13th Floor**  
**Baltimore, MD 21202-3470**  
**Phone: (443) 984-3200 / Fax: (443) 853-3767**  
**Member Self-Service Portal: bcers.org (Member Services)**



**MARYLAND STATE TAX WITHHOLDINGS CERTIFICATE (FOR RETIREES & BENEFICIARIES)**

Please read the instructions and print legibly in black ink.

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Social Security Number:</b>		<b>Email Address:</b>
<b>Provide telephone numbers where you can be reached:</b>		
Work:	Home:	Cell:
<b>Mailing Address:</b> <input type="checkbox"/> Check here if this is a change of address.		
_____		
<b>Effective Date of Action:</b> _____ Submit form 30 days before effective date of action.		
<b>Select Option:</b>		
1. I elect <b>not to have</b> Maryland State taxes withheld from my monthly pension.		
2. a. I want Maryland State taxes calculated using the number of exemptions entered in the space provided and the marital status selected below: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing At Single Rate		# Exemptions
b. I want an additional dollar amount withheld from my monthly pension along with the calculated exemption and marital status amount from line 2a.		\$
3. I only want the following flat dollar amount taken from my monthly pension.		\$
Copy of Photo Identification (Driver's License/State Issued ID/Passport)		
<b>FOR ERS USE ONLY</b>	Pension #:	Identification Attached:
Received:	Processed:	Verified:

**Benefit Recipient Certification:**

I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above and that I have read and understood the instructions in this form. By signing this form, I authorize Maryland State taxes to be withheld as indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Description of Instructions

### 1. Complete Benefit Recipient's Contact Information

Print first name, middle initial, last name, social security number, email address, phone numbers and mailing address. Check the box if the address is changing.

### 2. Select Effective Date of Action

Indicate the date you would like the action to occur. Changes take at least 30 days to process

### 3. If you Choose:

- Option 1, you elect not to have Maryland State taxes withheld from your monthly pension.
- Option 2a, enter the number of exemptions and indicate your marital status to calculate your Maryland State taxes.
- Option 2b, enter the additional dollar amount you would like to have deducted from your monthly pension. This amount will be added to the calculated amount from option 2a.
- Option 3, enter the fixed dollar amount of Maryland State taxes you want withheld from your monthly pension.

### 4. Attach Copy of Photo Identification: Check box and attach a copy of a valid Driver's License, State Issued Photo ID or Passport.

### 5. Benefit Recipient Certification: Read the benefit Recipient Certification statement, sign and date the form.

**How to Submit:** To submit your completed form and attachments, you can fax them to (443) 853-3767, upload them to the ERS MSS Portal at [www.bcera.org](http://www.bcera.org) under the Member Services tab, or mail them to the Employees' and Elected Officials' Retirement Systems at 7 E. Redwood Street, 13th Floor, Baltimore, MD (21202).

**Benefit Recipient Certification:** To submit a Maryland State Tax Withholdings Certificate, you, or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child, must include photo identification and the Maryland State Tax Withholdings Certificate Request form with all sections completed.

**Maryland Nonresident:** For assistance with tax withholding for pension and annuity income for their state residence, benefit recipients residing outside of the State of Maryland must contact the local tax office in their State or the Internal Revenue Service at 1(800) 829-1040.

**Minor Recipient:** A minor child below age 18, for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

**Power of Attorney:** If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power of attorney on file to process the Maryland State Tax Withholdings Certificate.

**Guardian/Custodian:** If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to submit the Maryland State Tax Withholdings Certificate.

**Changing State of Maryland Tax Withholding:** State of Maryland Tax withholding arrangements will continue until ERS is notified by you or by a person authorized by you (see above) of a change to the benefit recipient's Maryland State tax withholdings. To make a change, you, or an authorized person, must complete a new Maryland State Tax Withholdings Certificate Form.

If you need assistance, please contact ERS at 443-984-3200 or toll free 1 (877) 273-7136.