



WITHHOLDING CERTIFICATE FOR MONTHLY PENSION PAYMENTS

(Substitute Form W-4P)

Participant Name: _____
(Please Print) Last First MI

Address: _____
(Please Print) Street City State Zip

Phone Number: _____

Last 4 Digits of Social Security Number: _____

Select **only ONE** of the two boxes below:

Box 1 I elect not to have income tax withheld from my pension.

Box 2 Please withhold according to IRS withholding tables. **Complete A & B.**

Example: 2022 monthly pension must be greater than \$321.00 for single with zero allowances or \$987.00 for married with zero allowances before the tables will provide withholding.

YOU MUST COMPLETE A & B

A) Marital Status:

Married Single Married, but withhold at higher single rate

B) Number of personal allowances, including yourself: _____

C) (Optional):
In addition to the amount from the IRS tables, please withhold the following additional Amount \$_____.00 (whole dollars)

This form REPLACES any previous income tax withholding instructions I have sent.

Participant Signature

Date