

New York State and Local Retirement System



Employees' Retirement System
 Police and Fire Retirement System
 110 State Street
 Albany, New York 12244
<http://www.osc.state.ny.us>

Receipt Date

Office Use Only

FORM W-4P

**WITHHOLDING CERTIFICATE
 FOR PENSION OR ANNUITY PAYMENTS**
 Tel No. 518-474-7736 in Albany area or
 Toll Free 1-866-805-0990
 Fax No. 518-486-3252

PLEASE PRINT CLEARLY USING CAPITAL LETTERS, USE ONLY BLUE OR BLACK INK, STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS

Social Security Number (Last 4 digits only) X X X - X X -

Registration number (if known) -

Last Name First Name M.I.

Street Address 1

Street Address 2

City State Zip Code

Complete **ONLY ONE SECTION**-Sign and date in the boxes below

Section 1

I **DO NOT** want to have Federal Income Tax withheld from my monthly benefit

(DO NOT complete Section 2 or 3)

-OR-

Section 2

I want to have Federal Income Tax calculated and withheld using the Federal Tax Withholding Tables

Marital Status (check one) Single/Widow(er) Married

Total number of allowances (exemptions) I wish to claim (example for 3 exemptions) 3

Please withhold an additional amount of \$, . each month.

(DO NOT complete Section 1 or 3)

-OR-

Section 3

I want to have a specific dollar amount of Federal Income tax withheld from my monthly benefit

Total Fixed Dollar Amount to be Withheld Monthly \$, .

(DO NOT complete section 1 or 2)

Please send completed form to address above Attention Tax Unit Mail Drop 4-2

Signature: _____ Date _____

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the System's inability to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.