



# Application for Service Retirement

510-628-3000 • 1-800-838-1932 • [info@acera.org](mailto:info@acera.org)

Please do not mail or deliver your application to ACERA more than 90 days before your retirement date.  
Please read the application carefully. Incomplete applications can delay your pension benefit or be rejected.

## SECTION 1

### Information About You

We will update our records if the contact information you provide here does not match what we currently have on file for you.

<input type="text"/>		<input type="text"/>
Your Name (First Name, Middle Initial, Last Name)		Last 4 Digits of Social Security Number
<input type="text"/>		
Physical Home Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Home/Cell Phone	Work Phone
<input type="text"/>		
Personal Email Address (Not Work Email Address)		
Receive general ACERA news to your email address: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SECTION 2

### Marital or State-Registered Domestic Partnership Status\*

Members who have divorced or terminated state-registered domestic partnerships must submit the final judgment (all pages) and any marital settlement agreement or property order for legal review, if a divorce or termination of domestic partnership occurred during your ACERA membership. ACERA may also require additional documents. ACERA will only process 100% payment upon conclusion of legal review.

#### Current Marital or State-Registered Domestic Partnership Status:

☐ Married or Partnered ☐ Divorced or Partnership Dissolved ☐ Single & Never Married or Partnered ☐ Spouse or Domestic Partner Deceased

<input type="text"/>	<input type="text"/>
Name of Current Spouse or State-Registered Domestic Partner	Date of Birth of Current Spouse or State-Registered Domestic Partner (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Date of Marriage or Domestic Partnership (mm/dd/yyyy)	Last 4 Digits of Social Security Number of Current Spouse or State-Registered Domestic Partner

#### First Prior Marriage / Domestic Partnership

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of First Spouse or State-Registered Domestic Partner	Marriage Date (mm/dd/yyyy) to	Separation Date (mm/dd/yyyy)

#### Second Prior Marriage / Domestic Partnership

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Second Spouse or State-Registered Domestic Partner	Marriage Date (mm/dd/yyyy) to	Separation Date (mm/dd/yyyy)

#### Third Prior Marriage / Domestic Partnership

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Third Spouse or State-Registered Domestic Partner	Marriage Date (mm/dd/yyyy) to	Separation Date (mm/dd/yyyy)

☐ I have more than 3 prior marriages or state-registered domestic partnerships.

(Please submit an attachment with Name, Marriage Date, and Separation Date of all additional prior marriages and/or state-registered domestic partnerships not listed above.)

\* By signing and submitting this application to ACERA, you are certifying that you have disclosed your current spouse/domestic partner (if any) and any ex-spouses/ex-domestic partners of yours during any portion of your ACERA membership. If any such person ever establishes a right to any amounts after ACERA has paid those amounts to you, you will be fully liable for those amounts, which ACERA may recover from you through offsets to your retirement allowance, if necessary.

## SECTION 3

### Information About Your Retirement

Entering incorrect dates can cause delays in retirement payments. Visit [www.acera.org/dor](http://www.acera.org/dor) for instructions.

If you have established reciprocity between ACERA and other retirement systems, you must submit a separate retirement application to each system and retire from all systems on the same day. Please contact ACERA if you are unable to retire from all reciprocal systems on the same day.

Employment Separation Date (Last Day on Payroll) (mm/dd/yyyy)

Retirement Date - Your First Day in Retirement (mm/dd/yyyy)

#### Service and/or Reciprocity With Other California Public Retirement Systems

If you are a member of a defined benefit plan with a California public retirement system other than ACERA, please complete the following:

<input type="checkbox"/> Regular (service) retirement <input type="checkbox"/> Disability retirement	<input type="checkbox"/> Regular (service) retirement <input type="checkbox"/> Disability retirement	<input type="checkbox"/> Regular (service) retirement <input type="checkbox"/> Disability retirement
Name of System	Approx. Dates of Service	Retirement Date
Name of System	Approx. Dates of Service	Retirement Date
Name of System	Approx. Dates of Service	Retirement Date
Name of System	Approx. Dates of Service	Retirement Date

## SECTION 4

### Select Your Retirement Payment Option

Please review your retirement benefit estimate before choosing a retirement payment option.

Your retirement payment option choice becomes irrevocable as soon as you receive your first retirement allowance payment.

If you do not select an option, or if you select multiple options, your retirement payment option will be defaulted to the Unmodified Option.

Choose one of the following retirement payment options.

<input type="checkbox"/> <b>Unmodified Option</b> 60% Continuance to Qualified Spouse, State-Registered Domestic Partner, or Minor Children	If you are single, complete your beneficiary designation in Section 6.  If you are married or in a state-registered domestic partnership (for at least a year prior to your retirement date), complete your beneficiary designation in Sections 5 and 6.
<input type="checkbox"/> <b>Option 1</b> Lump Sum Benefit to Beneficiary (No Monthly Continuance)	Complete your beneficiary designation in Section 6. If you have spouse or state-registered domestic partner, they should complete section 7.
<input type="checkbox"/> <b>Option 2</b> 100%* Continuance to Beneficiary	Complete your beneficiary designations in Sections 5 and 6. If you have spouse or state-registered domestic partner, they should complete section 7.
<input type="checkbox"/> <b>Option 3</b> 50% Continuance to Beneficiary	Complete your beneficiary designations in Sections 5 and 6. If you have spouse or state-registered domestic partner, they should complete section 7.
<input type="checkbox"/> <b>Option 4</b> Split Continuance to Multiple Beneficiaries	Complete your beneficiary designations in Sections 5 and 6. If you have spouse or state-registered domestic partner, they should complete section 7.
<input type="checkbox"/> I confirm that I am still deciding on a retirement payment option and must notify ACERA of my decision shortly after submitting this application. I understand that if ACERA has not received a completed Retirement Payment Option Addendum within 2 weeks after my chosen date of retirement, my retirement payment option will be defaulted to the Unmodified Option. (Complete your beneficiary designations in Sections 5 and 6.)	

\* Option 2 may need to be less than 100% if beneficiary is not your spouse or state-registered domestic partner and more than 10 years younger than you.

## SECTION 5

### Name Your Beneficiary for Continued Monthly Payments (Continuance) After Your Death, If Applicable

Naming a beneficiary for a continuance on this form is your sole opportunity to name a beneficiary for a continuance. After you retire, you may name new beneficiaries, but only for lump sum payments.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- Unmodified Option, if you are married or in a state-registered domestic partnership at least 1 year prior to your retirement date.\*
- Option 2
- Option 3

If you chose the Unmodified Option and are single or if you have been married or in a state-registered domestic partnership for less than 1 year prior to your retirement date, leave this section blank and skip to Section 6.

If you chose Option 4, complete and attach a [Continuance Beneficiary Addendum](#).

#### If You Are Naming a Minor for Options 2 or 3

Please review the instructions at [www.acera.org/retire#1](http://www.acera.org/retire#1).

#### If You Are Naming Anyone Other Than Your Spouse or Domestic Partner

If you are married or in a state-registered domestic partnership and you are naming anyone other than your spouse or state-registered domestic partner as a continuance beneficiary, then you must complete section 7 below.

Name		Date of Birth (mm/dd/yyyy)		Last 4 of SSN	
Address					
City		State		Zip	
				Country	
Relationship to You			Telephone Number		
Email Address					

\* If you elect the Unmodified Option and do not have a qualifying spouse or domestic partner, but have one or more unmarried children under age 18 (or under age 22 if enrolled full time in school), those children will automatically qualify for their proportionate share of a 60% continuance as long as they are unmarried and under age 18 (or under age 22 if enrolled full time in school), so you do not have to name them in this section.

## SECTION 6A

### Name Your Beneficiary for Lump-Sum Death Benefits

To name different beneficiaries for different benefits, complete and attach a [Lump-Sum Death Benefit Beneficiary Addendum](#).

We recommend you consult with ACERA if you are considering naming more than two beneficiaries. Use the [Lump-Sum Death Benefit Beneficiary Addendum](#) if adding more than two primary or contingent beneficiaries.

#### If You Are Naming a Charity, a Trust, or Your Estate

See the instructions at [www.acera.org/retire#2](http://www.acera.org/retire#2).

#### If You Are Naming Anyone Other Than Your Spouse or Domestic Partner

If you are married or in a state-registered domestic partnership, and you are naming anyone other than your spouse or state-registered domestic partner as a lump-sum beneficiary, then you must complete section 7 below.

If you chose one of the following options, name one or more beneficiaries to receive a one-time lump-sum benefit payment upon your death. Beneficiaries can be, and often are, the same as the continuance beneficiary from Section 5.

- Unmodified Option
- Option 1
- Option 2
- Option 3
- Option 4

Lump-sum death benefits include, but are not limited to:

1. \$1,000 death benefit (if not paid by a reciprocal system\*)
2. Retirement allowance (if any) earned but not yet paid to you at the time of your death
3. Refund of member account balance (member account balance at retirement minus retirement payments at the time of death). This is not paid out if a beneficiary receives a continuance.
4. Refund of any prepaid health insurance premiums not yet applied at the time of your death

#### Primary Beneficiary

ACERA will pay benefits to the primary beneficiaries who are alive during any portion of the day you die. If a primary beneficiary dies before the day you die, ACERA will pay the surviving primary beneficiaries proportionately based on your percentage designations, or equally if you make no percentage designations. If a primary beneficiary is entitled to a payment from ACERA but dies before ACERA makes the payment, ACERA will make that payment to that primary beneficiary's estate. If you would like different rules to apply, you must provide those different rules to ACERA in a signed writing with this form.

Primary Beneficiary Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	
Primary Beneficiary Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	

Must add up to 100%

\*ACERA will only pay the portion of the \$1,000 lump sum death benefit not paid by a reciprocal system. The \$1,000 death benefit is a discretionary benefit that the Board of Retirement has authority to discontinue.

## SECTION 6B

To name different beneficiaries for different benefits, complete and attach a [Lump-Sum Death Benefit Beneficiary Addendum](#).

We recommend you consult with ACERA if you are considering naming more than two beneficiaries.

### If You Are Naming a Charity, a Trust, or Your Estate

See the instructions at [www.acera.org/retire#2](http://www.acera.org/retire#2).

## Contingent Beneficiary

If all of your primary beneficiaries die before the day you die, ACERA will pay benefits to the contingent beneficiaries who are alive during any portion of the day you die. If a contingent beneficiary dies before the day you die, ACERA will pay the surviving contingent beneficiaries proportionately based on your percentage designations, or equally if you make no percentage designations. If a contingent beneficiary is entitled to a payment from ACERA but dies before ACERA makes the payment, ACERA will make that payment to that contingent beneficiary's estate. If you would like different rules to apply, you must provide those different rules to ACERA in a signed writing with this form.

Contingent Beneficiary Name		Percentage of Benefit	
Email Address	Date of Birth (mm/dd/yyyy)	Last 4 of SSN	
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	

Contingent Beneficiary Name		Percentage of Benefit	
Email Address	Date of Birth (mm/dd/yyyy)	Last 4 of SSN	
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	

Must add up to 100%

## SECTION 7

### Signature of Member's Spouse or Domestic Partner

If you are electing Options 1, 2, 3, or 4, and/or changing your beneficiary designation(s), then your current spouse/domestic partner needs to sign below or, alternatively, you must complete and execute the declaration below.

I, \_\_\_\_\_,  
Name of Spouse or Domestic Partner (Print First Name, Middle Initial, Last Name)

have reviewed the completed Sections 4, 5, 6A and 6B in this retirement application. I am the spouse or state-registered domestic partner of the ACERA member who is submitting this retirement application. I understand that the sole purpose of my signature below is to acknowledge that I am aware of the selection of benefits or change of beneficiary made by my spouse or state-registered domestic partner.

\_\_\_\_\_  
Spouse or Domestic Partner Signature Date (mm/dd/yyyy)

#### If There is No Signature Above

If you are electing Options 1, 2, 3, or 4, and/or changing your beneficiary designation(s) and there is no signature above you MUST make a selection from the list and sign below, even if you are single.

#### Member Declaration if There Is No Spouse or Domestic Partner Signature Above

If there is no spousal signature above, you must make a declaration by choosing one of the choices in this section.

I, \_\_\_\_\_, declare as follows:  
Name of Member (Print First Name, Middle Initial, Last Name)

- ☐ I am not currently married or in a domestic partnership.
- ☐ My current spouse/domestic partner has no identifiable community property interest in my ACERA benefits.
- ☐ I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse/domestic partner.
- ☐ My current spouse/domestic partner has been advised of my selection of an optional settlement and/or my change in beneficiary designation and has refused to sign the written acknowledgment.
- ☐ My current spouse/domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- ☐ I and my current spouse/domestic partner have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code which makes the community property law inapplicable to the marriage/domestic partnership.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Member Signature Date (mm/dd/yyyy)

## SECTION 8

### Direct Deposit Information

#### Direct Deposit is Mandatory

I hereby authorize the deposit of my retirement benefits to the Financial Institution indicated below, to credit the amounts thereof to the following account:

#### No Foreign Bank Accounts

To comply with NACHA regulations, ACERA cannot direct deposit funds with financial institutions outside of the territorial jurisdiction of the United States (all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries).

Bank Name

Bank Address

☐ Checking Account ☐ Savings Account

ABA Routing Number (nine digits)

Account Number

Please provide a voided check (not a deposit slip). If you don't have checks with your account, you may provide a letter from your bank on bank letterhead with your full name, full account number, routing number, and the type of account it is (checking or savings).

#### No Trust Accounts

ACERA cannot deposit a retirement allowance in a bank account in the name of a trust.

#### No Business Accounts

#### No Investment Accounts

## SECTION 9

### Optional Deductions

You may cancel ACRE and/or REAC membership any time by submitting a physically signed and dated cancellation request to ACERA.

I authorize deductions from my monthly retirement allowance for the following items. I authorize ACERA to provide my current and future name, address, phone number, and email address to each association I join.

- ☐ **Alameda County Retired Employees (ACRE) association membership dues**  
(Visit [www.acera.org/retiree-associations](http://www.acera.org/retiree-associations) for deduction amount and more info.)
- ☐ **Retired Employees of Alameda County (REAC) association membership dues**  
(Visit [www.reacsite.org](http://www.reacsite.org) for deduction amount and more info.)

SECTION 10

## Notice and Acknowledgement

By this application, I am applying for a service retirement from ACERA. I acknowledge the following:

- The beneficiary designations in this retirement application will be my designated beneficiaries until ACERA receives a new beneficiary designation form from me.
- I have disclosed on this application my current spouse/domestic partner (if any) and any ex-spouses spouses/ex-domestic partners of mine during any portion of my ACERA membership. If any such person ever establishes a right to any amounts after ACERA has paid those amounts to me, I will be fully liable for those amounts, which ACERA may recover from me through offsets to my retirement allowance, if necessary.
- If section 4 is incomplete, ACERA may make the default selection for me as specified in section 4.
- If I fail to submit completed federal and/or state tax withholding forms to ACERA, or if my submitted forms are unclear, my tax withholdings will be defaulted to Married with three allowances. This can be changed at any future date.
- If I have 10 or more years of ACERA service credit and I do not submit a dental and/or vision plan enrollment form or my plan selections are unclear, ACERA may make a default selection for me and enroll me in a dental and/or vision plan.
- If ACERA is missing any information it needs to determine my full retirement allowance, I may be paid 80% of my allowance until ACERA has obtained the necessary information, at which time I will receive my full allowance and any retroactive amounts owed to me based on the temporary payment of less than my full allowance.
- If I have a pending appeal regarding my termination from an employer that participates in ACERA, I understand that, after I become a retired ACERA member, my options for reemployment with an employer that participates in ACERA may be substantially limited, even if my appeal is successful.
- If ACERA discovers an overpayment in benefits to me, I will be required to reimburse ACERA (through offsets to my benefits) for those overpayments plus interest. Such reimbursements also may be recovered through offsets to any death benefits owed to my beneficiaries, if I have not fully reimbursed ACERA at the time of my death.
- There may be legal restrictions on my ability to return to work for or with an employer that participates in ACERA. Before I start working for or with an employer that participates in ACERA, I will consult with that potential employer or ACERA to ensure that my potential employment does not violate any of those restrictions.
- It is unlawful to knowingly include false information on this retirement application or knowingly fail to disclose material information requested on this retirement application.
- Upon receipt of the first payment of my retirement allowance (even if less than 100% of my monthly allowance), my election to retire is final. After that, I may not elect a different form of allowance (unmodified or optional settlement), unless I am later granted a disability retirement, and I may not elect a refund of my accumulated contributions and interest.

With full knowledge of the above, I have decided to retire for service and receive a monthly retirement allowance.

Member Signature

Date (mm/dd/yyyy)



Next steps





## Now that you've finished filling out your application and forms, what's next?

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### Are you going to enroll in medical, dental, or vision coverage through ACERA?

Complete the applicable healthcare enrollment forms and submit them to ACERA.

[Medical Enrollment Form](#)

[Dental Enrollment Form](#)

[Vision Enrollment Form](#)

[Kaiser Permanente Senior Advantage Enrollment \(Medicare\)](#)

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### Your application isn't complete without your signature and supporting documents

You must print out your application and physically sign and date where applicable. You must also attach all required supporting documents before submitting your application to ACERA. For a list of all required items, be sure to refer to Steps 4 and 5 on our Applying to Retire page at [www.acera.org/retire](http://www.acera.org/retire).

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### How to submit your application and all required supporting documents

#### Scan and Upload

1. Install the free [Adobe Scan](#) app on your smartphone, and use it to create a single PDF of all pages of your application plus documents (get it where you get your apps). Visit [www.acera.org/scan](http://www.acera.org/scan) for a tutorial. Or you can use a scanner to create a PDF.
2. Log in to your account at [www.acera.org/wms](http://www.acera.org/wms). Click the Upload Documents link to upload your application. Or you can email it to [info@acera.org](mailto:info@acera.org).

#### Or Fax

Fax your application and documents to 510-268-9574.

#### Or Mail

Mail your application and documents to:

ACERA  
475 14th Street, Suite 1000  
Oakland, California 94612

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### You must notify your employer of your retirement

ACERA does not notify your employer; it is up to you. You must provide a letter of resignation to your HR department before you can retire. It's important that your letter state your Employment Separation Date as well as your Retirement Date. Use the template at [www.acera.org/retire#3](http://www.acera.org/retire#3).



## Now that you've finished filling out your application and forms, what's next?

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### Stay connected

It is critically important that our staff can contact you throughout the retirement process if needed. We may need additional action from you before your retirement can be finalized. Our staff will try to reach you via email, phone, and mail, so please notify us in advance if you will be unavailable via any of these methods in the 2 months before and 2 months after your retirement.

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### Your first retirement check

Your first retirement check will be issued approximately 45 days after your last employer paycheck. It will be a paper check you receive in the mail. You will receive a Benefit Confirmation letter explaining some of the specifics about your monthly lifetime pension from ACERA sent separately from your first check.

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### Future monthly payments

[Retirement allowances](#) are paid on a monthly basis, on the last business day of each month.

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2021**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

## General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2021**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

### Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►  
**Marital status:** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,100 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2021 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals), to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer will instead furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

# Specific Instructions

## Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line D. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line E. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line F. Other credits.** You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

## Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure your withholding more precisely.

### Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D Child tax credit.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **D** \_\_\_\_\_
- E Credit for other dependents.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . . **F** \_\_\_\_\_
- G** Add lines A through F and enter the total here . . . . . **G** \_\_\_\_\_

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2021 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,800 \text{ if you're head of household} \\ \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2021 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2021 other income not subject to withholding (such as dividends, interest, or capital gains) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1 . . . . . **10** \_\_\_\_\_

### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of payments remaining in 2021. For example, divide by 8 if you're paid every month and you complete this form in April 2021. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_

**Table 1**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

**Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## 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 and ZIP Code	

**Complete the following 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 figured using the number of allowances and marital status shown below:
  - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a
  - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b

SINGLE or MARRIED (with two or more incomes)      MARRIED (one income)      HEAD OF HOUSEHOLD
3. I want the following **additional** amount withheld from each pension or annuity payment. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above ▶ \$
4. I want this designated 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 the payer of your pension or annuity; keep the lower part for your records.**

**Purpose of Form:** Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities. The marital status and the withholding allowance claimed on your federal Form W-4P can be used to figure your state tax withholding.

The 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 number of allowances and marital status specified.
  - (b) A designated dollar amount.
- (4) Change or revoke 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 of the items above are treated as wages for the purpose of withholding.

A periodic payment is one that is includible in your income for tax purposes and that you receive in installments at regular intervals over a period of more than one full year from the starting date of the pension or annuity. 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 for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

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 lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.
- (3) Ten percent of the amount of federal withholding computed pursuant to section 3405 of the **Internal Revenue Code** (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

**Completing the Form:** Fill in your name, 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 have to give 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 1, 2, 3, or 4.

**Line 2, Withholding Based on Specified Withholding**

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

**Line 3, Multiple Pensions/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 (in lieu 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 or more than one job or income, it would be 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) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a 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     \$9,606 if unmarried head of household or qualifying widow(er) with dependent(s);<br>\$9,606 if married filing jointly with two or more allowances;<br>\$4,803 if single, dual income, married, or married with multiple employers;<br>\$4,803 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, see below [go to line 9]);<br>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<br>Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed.   | 8. _____     |
| 9. If line 6 is greater than line 5;<br>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** ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://leginfo.ca.gov/faces/codes.xhtml)). For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2022. 1. \_\_\_\_\_
2. Enter estimate of nonwage income on 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 on line 1 or 2 of Worksheet B, whichever is largest. 4. \_\_\_\_\_
5. Enter adjustments to income on 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 2022 tax rate schedules below. 8. \_\_\_\_\_
9. Enter personal exemptions on line F of Worksheet A x \$141.90. 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 2022. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2022. 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 2022 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year and enter this 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 2022 Only*

**Single Persons, Dual Income  
Married with Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$9,325	1.100%	\$0	\$0.00
\$9,325	\$22,107	2.200%	\$9,325	\$102.58
\$22,107	\$34,892	4.400%	\$22,107	\$383.78
\$34,892	\$48,435	6.600%	\$34,892	\$946.32
\$48,435	\$61,214	8.800%	\$48,435	\$1,840.16
\$61,214	\$312,686	10.230%	\$61,214	\$2,964.71
\$312,686	\$375,221	11.330%	\$312,686	\$28,690.30
\$375,221	\$625,369	12.430%	\$375,221	\$35,775.52
\$625,369	\$1,000,000	13.530%	\$625,369	\$66,868.92
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

**Unmarried Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$18,663	1.100%	\$0	\$0.00
\$18,663	\$44,217	2.200%	\$18,663	\$205.29
\$44,217	\$56,999	4.400%	\$44,217	\$767.48
\$56,999	\$70,542	6.600%	\$56,999	\$1,329.89
\$70,542	\$83,324	8.800%	\$70,542	\$2,223.73
\$83,324	\$425,251	10.230%	\$83,324	\$3,348.55
\$425,251	\$510,303	11.330%	\$425,251	\$38,327.68
\$510,303	\$850,503	12.430%	\$510,303	\$47,964.07
\$850,503	\$1,000,000	13.530%	\$850,503	\$90,250.93
\$1,000,000	and over	14.630%	\$1,000,000	\$110,477.87

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$18,650	1.100%	\$0	\$0.00
\$18,650	\$44,214	2.200%	\$18,650	\$205.15
\$44,214	\$69,784	4.400%	\$44,214	\$767.56
\$69,784	\$96,870	6.600%	\$69,784	\$1,892.64
\$96,870	\$122,428	8.800%	\$96,870	\$3,680.32
\$122,428	\$625,372	10.230%	\$122,428	\$5,929.42
\$625,372	\$750,442	11.330%	\$625,372	\$57,380.59
\$750,442	\$1,000,000	12.430%	\$750,442	\$71,551.02
\$1,000,000	\$1,250,738	13.530%	\$1,000,000	\$102,571.08
\$1,250,738	and over	14.630%	\$1,250,738	\$136,495.93

**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 2022

Payee estimates income from his or her pension 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. \$ 4,803.00      |
| 5. Enter adjustments to income shown on line 4 of Worksheet B.   | 5. 0.00             |
| 6. Enter sum of lines 4 and 5.   | 6. \$ 4,803.00      |
| 7. Subtract line 6 from line 3 and enter difference on line 7.   | 7. \$ 21,197.00     |
| 8. Compute the tax liability for the amount on line 7.<br>Use the 2022 tables for single from Worksheet C under<br>the entry covering \$21,197 (over \$9,325 but not over \$22,107).<br>Compute 2.200% of the amount over \$9,325<br>([ $\$21,197 - \$9,325$ ] x 0.02200 = \$261.18).      \$261.18<br>Additional (PLUS) tax amount. <u>\$102.58</u><br>Enter the total on line 13.      Total <u>\$363.76</u> | 8. \$ 363.76        |
| 9. Enter the amount for one personal exemption on line 9 (1 x \$141.90).   | 9. \$ 141.90        |
| 10. Subtract line 9 from line 8 and enter the difference on line 10.   | 10. \$ 221.86       |
| 11. Enter any tax credits that will be allowed for 2022 (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. \$ 221.86       |
| 13. Calculate the tax withheld and estimated to be withheld during 2022.<br>Withholding on the pension of \$1,500 a month claiming single<br>with one withholding allowance based on the California withholding<br>schedule for 2022 is \$4.90 x 12 = \$58.80.<br>Enter that amount on line 13.  | 13. \$ 58.80        |
| 14. Subtract line 13 from line 12. Enter difference on line 14.  | 14. \$ 163.06       |
| 15. Divide line 14 by the number of pay periods remaining in the year.<br>( $\$163.06 \div 12 = \$13.59$ )   | 15. <u>\$ 13.59</u> |

Enter \$13.59 on line 3 of the DE 4P.