

**Federal
W-4P**

Withholding Certificate for Pension Payments

Print your Full Name	Social Security Number
Home Address (number and street)	Claim or Identification (if any) of Your Pension Contract
City or Town, State and ZIP	

Complete the following applicable lines:

1. Check here if you **do not want any Federal income tax withheld** from your pension.
(Do not complete any other lines, if this option is your choice.)
2. I want Federal tax withheld from my pension payment to be figured using the number of allowances and marital status shown below: **If I receive payments in more than one tier, I request this withholding from my Tier _____ check.**
 - a. Number of allowances you are claiming _____
 - b. SINGLE MARRIED
3. Additional amount, if any, you want withheld from each pension payment. \$ _____
4. I want this designated amount withheld from my pension payment:
(Do not complete any other lines, if this option is your choice.) \$ _____

Your Signature **Date**

**State of California
DE 4P**

Withholding Certificate for Pension or Annuity Payments

Print your Full Name	Social Security Number
Home Address (number and street)	Claim or Identification (if any) of Your Pension or Annuity Contract
City or Town, State and ZIP	

Complete the following applicable lines:

1. Check here if you **do not want any State income tax withheld** from your pension.
(Do not complete any other lines, if this option is your choice.)
2. I want my withholding from my pension payment to be figured using the number of allowances and marital status shown below: **If I receive payments in more than one tier, I request this withholding from my Tier _____ check.**
 - a. Number of allowances you are claiming _____
 - b. SINGLE MARRIED
3. Additional amount, if any, you want withheld from each pension payment. \$ _____
4. I want this designated amount withheld from my pension payment
(Do not complete any other lines, if this option is your choice.) \$ _____

Your Signature **Date**