FEDERAL TAXES

Form W-4P

Withholding Certificate for Pension or Annuity Payments

2018

OMB No. 1545-0074

Department of the Treasury		rension of Annuity Payments		2018	
Internal Revenue Service					
Your first name and middle initial		Last name	Your soci	Your social security number	
Home address (number and street or rural route)			(if any) of	Claim or identification number (if any) of your pension or annuity contract	
City or town, state, and 2	ZIP code		annuity co	ntract	
Complete the follow	ng applicable lines.				
 Check here if you d 	Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► □				
		ital status you're claiming for withholding from eate an additional dollar amount on line 3.)			
Marital status: Single Married Married, but withhold at higher Single rate.			(Enter number		
3 Additional amount	tional 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 ►			
		Cat. No. 10225T		Form W-4P (2018)	

STATE TAXES



WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

Type or Print Your Full 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, 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.)	······ • □
I want my withholding from each pension or annuity payment to be figured using the number of allowar shown below:	nces and marital status
Number of allowances you are claiming from the Regular Withholding Allowances Worksheet A	1
b. Number of allowances from the Estimated Deductions Worksheet B	2
SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD	OF HOUSEHOLD
 I want the following additional amount withheld from each pension or annuity payment. Note: You cannot amount here without entering the number (including zero) of allowances on line 2 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 >