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. 518-402-4433

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) 0 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