



Twin City Pipe Trades Service Association
700 Transfer Road St. Paul, MN 55114
Phone: 651-645-4540 Fax: 651-645-8119

Substitute Form **W-4P 2009**

Withholding Certificate for Monthly Pension Check

Member Name: _____

TCPT Alt ID #TCPT: _____

FEDERAL TAX

Please withhold \$_____ or _____% **FEDERAL** Income Tax from my Monthly Pension Check until further notice from me. (Percentages will be round to the nearest dollar)

Signature _____ Date _____

MINNESOTA STATE TAX (Minnesota State only)

Please withhold \$_____ or _____% **MINNESOTA STATE** Income Tax from my Monthly Pension Check until further notice from me. (Percentages will be round to the nearest dollar)

Signature _____ Date _____

I *do not* want **FEDERAL** or **MINNESOTA STATE** Income Tax withheld from my Monthly Pension Check at this time.

Signature _____ Date _____

You may change this election at any time by requesting a new form from the Fund Office. You are advised to speak with your tax advisor/preparer about this election. You may acquire a Form W-4P worksheet from the IRS.