

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-free: 1.888.773.7748
 www.psers.state.pa.us

W-4P Federal Tax Withholding Certificate for Annuity Payments



Mail Center

PSRS-996 (08/2012)

Please read the information on the reverse side and the instructions below before completing this form.

Member Name	
Social Security Number	
Gender	
Date of Birth	

Member Address Change	<input type="checkbox"/> Check here if new address
Apt# or Suite	
Delivery Address	
City	
State & Zip Code	
Daytime Phone	
Evening Phone	
Email Address (optional)	

Former Last Name (only if used in this System)	
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Which monthly pension account(s) does this affect? <i>(check appropriate box(es))</i>		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Benefit I receive as a survivor annuitant	<input type="checkbox"/> Divorce Benefit

Federal Income Tax Withholding Information

Complete **ONLY ONE SECTION**, sign and date on the line below.

Section 1 *(Do not complete Section 2)*

I **DO NOT** want to have Federal Income Tax withheld from my monthly benefit.

OR

Section 2 *(Do not complete Section 1)*

I want to have Federal Income Tax calculated and withheld using the tax withholding tables as per the following:

- A. **REQUIRED:** Marital Status (check one):
- Married
 - Single
 - Married, but withhold at higher "single" rate
- B. **REQUIRED:** Total number of allowances claimed (0-9) _____

OPTIONAL: Amount to withhold **in addition** to the calculated amount \$ _____ *(no percentages)*

I hereby certify with my signature* that the information listed above is true and accurate and I authorize the Public School Employees' Retirement System (PSERS) to adjust my monthly benefit in accordance to my selection in the Federal Income Tax Withholding section.

Signature _____

Date _____

* Power of Attorney authorization is not recognized until the appropriate documents have been filed and approved by PSERS.

Please complete this form and return it to the Public School Employees' Retirement System (PSERS).

Be sure to select benefit type(s) in the box provided.

In the section for Federal Income Tax Withholding Information, section 1 or section 2 must be chosen. If choosing section 2, it is mandatory that both items A and B are completed.

If you would like an additional dollar amount to be withheld from your benefit, complete the Optional box.

Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your pension. Also you may be subject to tax penalties under the estimated tax rules if your payments of estimated tax and withholding (if any) are not adequate.

If you do not submit a W-4P form, the System must withhold as if you are married claiming three withholding allowances.

Any election you make will remain in effect until you change it. You may change your election at any time by requesting and filing another W-4P form. If you elect not to have Federal Income Tax withheld from your monthly benefit or do not have sufficient Federal Income Tax withheld, you may be responsible for payment of estimated taxes. It should be noted that you might incur penalties under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Please consult a tax expert or the Internal Revenue Service should you require additional information regarding your election.