



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756
Phone: 770-388-5757 or 1-866-374-0788

eMail: cindy@gfpf.org

Web Site: www.gfpf.org

Important Notice for Retiree Applicants

Page 1 of 2

All applications **MUST** consist of a properly completed application and should be received not later than **sixty (60) days** prior to the date of your retirement. If your application is received after your retirement date, your benefits will begin based on the date the application is received in the Pension Fund office. Once your application is received, processed, and approved, you will receive a confirmation letter summarizing your retirement information.

1. To be eligible to receive benefits, you must be at least age 50 and have completed a minimum of 15 years of creditable service in the Pension Fund. (If under 50, you must complete the **Application for Retirement** indicating the date you wish benefits to commence, the earliest date being your 50th birthday).
2. The **Application for Retirement Form** must be completed, signed by the member (or spouse in the event of the death of the member), signed by the Fire Chief, and notarized. The signature must be that of the Fire Chief unless the Chief has delegated someone to sign in their absence and the Authorized Signature Form is on file in our office. The Fire Chief's signature must be notarized before submitting the application to our office. (If the Applicant is the Fire Chief, a Superior must sign as Chief).
3. If you are a **Volunteer** Firefighter, you must submit **Volunteer Creditable Service Affidavit** (included with this package) that has been properly completed, signed and notarized by the Fire Chief. If you are a **Part-Time** employee, a **Part-Time Creditable Service Affidavit** must be completed on your behalf. This form can be obtained from our website, www.gfpf.org or by contacting our office at 770-388-5757.
4. The **Beneficiary Designation and Election of Optional Benefits Form, Page 1**, must be completed indicating the option in which you wish to retire. **Page 2** of this form is completed updating your beneficiary information. The Primary Beneficiary information is to be completed for all retirement options. The Secondary and Tertiary Beneficiary information may be completed by members choosing the 10-Year Certain and Life option. This form must be signed and notarized. If you would like to designate that your beneficiaries be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.
5. The **Retiree Direct Deposit Form** must be completed in order to receive your monthly benefit payment.
6. Your benefits are taxable income. You will receive a 1099R for each tax year.

The enclosed **Tax Withholding Request** must be completed to indicate your desired Federal and State tax withholdings. An **IRS W-4P Withholding Certificate** is enclosed for your use for Federal withholdings. The Pension Fund cannot offer tax advice. Please consult your tax preparer or accountant for guidance in completing this form if necessary.
7. You must notify the Pension Fund Office of any changes in:
 - a. Address
 - b. Marital Status
 - c. Beneficiary
 - d. Direct Deposit
 - e. Tax Withholding
 - f. Reemployment with a Fire Department in the State of Georgia

If you have any questions, please contact the Pension Fund office.



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REQUIRED DOCUMENTS

It has become increasingly important that we take measures to protect the long-term benefits of participants and their beneficiaries. Therefore, in our continuing efforts to ensure the information we collect is accurate and the benefits we award are appropriate, we require the following documentation to accompany retirement applications.

1. Proof of age of member (all retirement options)
2. Proof of age of spouse (if drawing under Joint & Survivor Option)

With regards to proof of age of member (and spouse if required), a copy of a birth certificate, driver's license, passport or any state or government approved document reflecting date of birth would be sufficient. Note that as a copy, it must be legible. (Sometimes drivers' licenses do not copy well.)

3. Proof of Marriage (if drawing under Joint & Survivor Option)

In order to provide proof of marriage, a copy of a marriage certificate is necessary.

4. Separation notice for full-time and part-time

A separation notice can consist of a "Department of Labor Separation Notice" or notification of termination from the fire department where you were employed. We understand you may not have your separation notice at the time you submit your Retirement Application; however, once this information is received, please forward a copy to our office.

If you have any questions, please contact the Pension Fund office.



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Application for Retirement

TO BE COMPLETED AND SUBMITTED AT LEAST SIXTY (60) DAYS PRIOR TO YOUR REQUESTED RETIREMENT EFFECTIVE DATE.
Incomplete forms and/or failure to submit requested information may result in delaying the start of your benefits.
If your mailing address has changed, please complete and submit the **Change of Address Form**.

Member Info	(Please Print)
	Member No: _____ or Social Security No: _____ Date of Birth: ____/____/____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(C): _____
	I officially will retire or have retired from the fire services effective: ____/____/____ (Separation Date)
	(Check status at time of retirement) Full-time Firefighter Part-time Firefighter* Volunteer Firefighter*
*If Part-time or Volunteer , an appropriate Credible Service Affidavit must accompany this application.	
Dept Info	(Please Print)
	Department: _____ County: _____
Chief's Name: _____	

CHOOSE ONE (Age at retirement date)

Initial	I am at least 55 years of age and wish to receive applicable benefits.
Initial	I am less than 55 years of age and I elect to begin receiving reduced benefits immediately. (Must be at least 50 years of age)
Initial	I am less than 55 years of age and I elect to wait until ____/____/____ to begin receiving pension benefits.

With the express knowledge and understanding that the foregoing statements are material to my application and that the Board of Trustees of the Georgia Firefighters' Pension Fund, and its agents and employees, will rely on my statements in determining my eligibility for retirement, I hereby certify and affirm that any and all of the information I have herein before set forth is true, correct and complete in all respects and a part of the official records of the above department.

Signature of Applicant

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

I certify that the above named applicant has acquired the service record claimed, and that my official records support the information presented in this form to be true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Chief
(If applicant is Chief, this form must be signed by the chief's superior)

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

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Volunteer Service Affidavit

Member #: _____ Member Name: _____

Department: _____

Service Dates

For This Year Start Date: ____/____/____ to End Date: ____/____/____

DEPARTMENT:

A. Total Department / Station Activity Hours

(All Training, Drills, and Meetings Offered)

B. Total Department / Station Pension Eligible Calls

(Eligible Calls as defined by the Fire Chief)

C. Total Department / Station Points

(A+B)

D. Points Required for Pension Creditable Service

(50% of C)

MEMBER:

E. Member's Department/Station Activity Attendance

(Must be greater than 25% of (A) and shall be no less than 24 hours)

(Minimum)

F. Member's Call Attendance

(Must be greater than 25% of (B))

(Minimum)

G. Member's Station Duty Points

(1 Point per 2 hour block of Station Duty and shall be no more than 25% of D)

(Maximum)

H. Member's Additional Training Points

(1 Point per hour of additional training and shall be no more than 25% of D)

(Maximum)

I. Member's Pension Eligible Points

(E+F+G+H)

Member's Annual Attendance Percentage

(Must be greater than or equal to **50%** to earn pension creditable service)

%

I hereby state under oath that the information presented in this form is true and correct.

I affirm that the Department did not fail to hold at least eight (8) hours of training, drills, and meetings per month for any three months during the above dates of service. I acknowledge that if any examination of the records of the Department reveals that this Affidavit is incorrect, the Fund may revoke any credit for service to the above named member. I further acknowledge that O.C.G.A. 47-7-126 (a) provides that any person who knowingly makes any false statement in an attempt to defraud the Fund shall be guilty of a crime.

I certify and affirm that the above named member **(DID)** or **(DID NOT)** meet all requirements as set forth in **Rule 513-7-1-.08** for the above dates.

Signature of Chief and Date

Signature of Member and Date



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(Please Print)

Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____

Please **CHOOSE** and **INITIAL** one of the options below.

_____ Initial

Regular Retirement - The retiree will receive full benefit payment (based on age and number of years of creditable service with the Pension fund) until their death. **Please provide primary beneficiary information on Page 2 of this document.**

_____ Initial

Joint and Survivor Option - The retiree will receive a reduced benefit payment based on their age, years of creditable service, and the age of their spouse. This option ensures the retiree a benefit payment until death, at which time benefit payments are made to the surviving spouse. This option is available only to individuals who are married at the time of their retirement. A retiree must choose one of four percentages (50%, 66 2/3%, 75% or 100%) that will be payable to the surviving spouse upon the retiree's death. According to the percentage chosen, the monthly benefit will be paid to the surviving spouse. **Please provide spouse's information as primary beneficiary on Page 2 of this document.**

Choose One: 50% _____ 66 2/3% _____ 75% _____ 100% _____

Note: The most common chosen Joint and Survivor Benefit Option Election is 100%. While a higher percentage results in a slightly lower benefit payment to the retiree, it provides a significantly higher payment to the surviving spouse.

_____ Initial

10 Years' Certain and Life Option - The retiree will receive a reduced benefit payment and will draw this payment until their death. Benefits under this option are guaranteed to be paid for 10 years to the retiree or his/her beneficiary as listed in sequential order on Page 2. For instance, if a retiree lives 6 years into retirement and then dies, the next surviving beneficiary named in the sequential order will receive benefits for the remaining 4 years. Should that beneficiary die, then the next named beneficiary will receive benefits for the remainder of the 10 Years. It should be noted again, however, that the member is guaranteed a benefit for as long as he or she lives. All beneficiaries must be selected by the member. By selecting this Option and completing Page 2 of this form you affirm that your benefit is to be paid to your beneficiary as listed in sequential order on Page 2. If you would like to designate that your beneficiaries be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.

In order for the Georgia Firefighters' Pension Fund to take action on your request, Page 1 and a beneficiary designation form must be signed & dated by the applicant with his/her signature being Notarized on the beneficiary designation form.

Signature of Applicant

Print Name of Applicant

Date



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6YbYZjhg'dU[Y`2`cZ&

Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

PRIMARY BENEFICIARY	To be completed for all retirement options
	(Please Print) Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ (Check One) Gender: Male Female
	Relationship: _____ Phone(H): _____ Phone(C): _____
SECONDARY BENEFICIARY	The Secondary & Tertiary beneficiaries are to be completed by those members choosing the 10 year Certain & Life Retirement Option
	(Please Print) Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ (Check One) Gender: Male Female
	Relationship: _____ Phone(H): _____ Phone(C): _____
TERTIARY BENEFICIARY	(Please Print) Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ (Check One) Gender: Male Female
	Relationship: _____ Phone(H): _____ Phone(C): _____

I hereby elect to have the retirement benefits payable to me under the Georgia Firefighters' Pension fund paid under the optional manner as selected on Page 1.

I further elect to hereby revoke all optional benefits previously selected and filed by me under the Georgia Firefighters' Pension Fund's Election of Optional Benefits document(s).

I understand that the granting of my request for this option shall be under the conditions set forth in the Georgia Firefighters' Pension Fund laws and regulations and that it may be revoked or modified in accordance with the terms of the Georgia Firefighters' Pension Fund laws and regulations.

I hereby request the Georgia Firefighters' Pension Fund to take the action set forth in this form.

Signature of Applicant

Print Name qh'Crr rdecv"

Date

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On



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Retiree Direct Deposit

Retiree Info	(Please Print)
	Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(C): _____
Beneficiary Info	(Please Print)
	Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(C): _____
Banking Info	Financial Institution: _____
	Account Number: _____
	Routing Number: _____
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please include a voided check showing the routing number and account number for the above listed bank account. If unavailable, the banking information must be written clearly.

I hereby request all Georgia Firefighters' Pension Fund benefit payments be deposited into my bank account as indicated above. This authorization is to remain in effect until the Fund has received written notification of its termination. I understand the Fund must receive notification of termination before the first of the month that I wish to stop the deposit.

Signature of Retiree or Surviving Beneficiary

Date



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Tax Withholding Request

Retiree Info	<i>(Please Print)</i> Member No: _____ or Social Security No: _____ Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone(H): _____ Phone(C): _____
Beneficiary Info	<i>(Please Print)</i> Social Security No: _____ Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone(H): _____ Phone(C): _____
Federal Tax	<i>(Please complete only one of the following)</i> I do NOT want Federal income tax withheld from my payment. <u>Do NOT submit the Federal W-4P Withholding Certificate.</u> I want to have Federal income tax withheld from my monthly payment and submit the Federal W-4P Withholding Certificate.
State Tax	<i>(Please complete only one of the following)</i> I do NOT want State income tax withheld from my payment. I want to have \$ _____ State income tax withheld from my monthly payment.

The Pension Fund cannot offer tax advice.
Please consult your tax preparer or accountant for guidance in completing this form, if necessary.

Under penalties of perjury, I certify that I am Entitled to the above elections. I hereby request the Fund withhold the amounts indicated above from my monthly benefit payments. This authorization is to remain in effect until the Fund has received written notification from me of its termination. I understand such notification must be received in the office of the Fund by the first day of the month before such termination is desired.

Signature of Retiree or Surviving Beneficiary

Date

**Withholding Certificate
for Periodic Pension or Annuity Payments**

OMB No. 1545-0074

2024

Give Form W-4P to the payer of your pension or annuity payments.

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ Multiply the number of other dependents by \$500 . . . \$ Add other credits, such as foreign tax credit and education tax credits \$ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . .	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

**Step 5:
Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions *(continued)*

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1

Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income

1

\$

2

Enter:

• \$29,200 if you're married filing jointly or a qualifying surviving spouse

• \$21,900 if you're head of household

• \$14,600 if you're single or married filing separately

2

\$

3

If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0-"

3

\$

4

If line 3 equals zero, and you (or your spouse) are 65 or older, enter:

• \$1,950 if you're single or head of household.

• \$1,550 if you're married filing separately.

• \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.

• \$3,100 if you're married filing jointly and both of you are age 65 or older.

Otherwise, enter "0-". See Pub. 505 for more information

4

\$

5

Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information

5

\$

6

Add lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P

6

\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.