

## **PLUMBERS & PIPEFITTERS LOCAL UNION NO. 630 PENSION-ANNUITY TRUST FUND**

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Dear Applicant:

Attached you will find an application for Retirement or Death benefits. Please complete all the information requested and sign your application. **Incomplete or unsigned forms may be returned, which could delay your request.**

Also enclosed for your completion and signature are the following forms: Direct Deposit Authorization (optional) and a FormW-4P. These forms should accompany your returned application along with a legible photocopy of one (1) of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID. If you are married, please include Proof-of-Age for your Spouse and a copy of your Marriage License/Certificate.

If you are applying for Early Retirement you will need to complete and submit the enclosed "Retirement Declaration" and "Working Status" forms.

If you are currently eligible under the Plumbers & Pipefitters Local Union No. 630 Welfare Fund and would like to continue Retiree coverage with a deduction from your pension benefit to pay for your continuation of coverage please complete the enclosed Application for Retiree Coverage and Assignment of Pension Benefits forms.

You will need to provide additional supporting documents with Disability and Death benefit applications. If you are applying for Disability Retirement, you must provide the entire Disability Award Certificate issued by the Social Security Administration. If you are submitting an application for a Death benefit, include a copy of the Participant's Death Certificate.

Please realize that the benefit calculation process takes approximately ninety (90) days. In order to hasten this process, it is imperative that you return the signed application package, plus the applicable copies of your supporting documents to:

**Plumbers & Pipefitters LU 630 Pension-Annuity  
Trust Fund**  
c/o National Employee Benefits Administrators, Inc.  
2010 N.W. 150<sup>th</sup> Avenue, Suite 100  
Pembroke Pines, FL 33028

Should you have any questions or concerns regarding your application, please contact the Pension Department toll free at (800) 842-5899 for assistance.

# APPLICATION CHECKLIST

**Use this checklist to make certain that all necessary documents are signed and completed before submission to the Fund Office.**

## **Retirement (Normal, Early or Late) – All of the following should be sent together:**

Retirement Application (must indicate date of retirement & last date worked)

Form W-4P

Direct Deposit Authorization Form (optional)

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, Military records/ID (photocopy)

One of the following Proofs-of-Age for your Spouse: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

If Early Retirement, Affidavits Acknowledging Severance of Employment

Authorization for Welfare Fund Deduction (optional)

**If married, please include a photocopy of:**

## **Disability Retirement – All of the following should be sent together:**

Disability Retirement Application

Disability Award from SSA

Form W-4P

Direct Deposit Authorization Form (optional)

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, Military records/ID (photocopy)

One of the following Proofs-of-Age for your Spouse: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

Authorization for Welfare Fund Deduction (optional)

**If married, please include a photocopy of:**

## **Death Benefit Claim – All of the following should be sent together:**

Application for Death Benefits

Death Certificate of Member

**Other Beneficiaries must include a photocopy of:**

One of the following: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

**Surviving Spouse must include a photocopy of:**

One of the following Proofs-of-Age: Birth Certificate, Passport, Drivers License, Baptismal Certificate, Naturalization papers, or Military records/ID

Marriage License/Certificate

# Plumbers and Pipefitters Local Union No. 630 Pension-Annuity Fund

c/o National Employee Benefits Administrators, Inc.  
2010 N.W. 150<sup>th</sup> Avenue, Suite 100 • Pembroke Pines, FL 33028  
(800) 842-5899 • (954) 266-6322 • Fax (954) 266-2079



## APPLICATION FOR RETIREMENT BENEFITS

<b>Mail this application to:</b> <b>National Employee Benefits Administrators, Inc.</b> 2010 N.W. 150 <sup>th</sup> Avenue, Suite 100 Pembroke Pines, FL 33028	<b>Type of Retirement</b> (Check one box) <input type="checkbox"/> Normal <input type="checkbox"/> Disability <input type="checkbox"/> Early
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<b>APPLICANT INFORMATION (Please Print):</b>			
Full Name:			
Social Security Number:		Date of Birth:	
Street Address:			
City:		State:	Zip Code:
Telephone number:		Email Address:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	
Name of Last Employer:			
Last Day Worked or Last Day to be Worked:			
Date of Retirement:		Date First Employed in Local 630's Jurisdiction:	
Have you ever been self-employed as a plumber, pipefitter or HVAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	to
Was your employment ever interrupted by disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	to
Was your employment ever interrupted by military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	to

<b>SPOUSE AND/OR BENEFICIARY INFORMATION (Please Print):</b>			
Full Name:			
Social Security Number:		Maiden Name:	
Date of Birth:		Date of Marriage:	
Name of Beneficiary if Other Than Spouse:			
Social Security Number:		Date of Birth:	Relationship:

## **APPLICANT CERTIFICATION**

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY CERTIFY TO THE BOARD OF TRUSTEES THAT I WILL ADHERE TO THE RESTRICTIONS REGARDING EMPLOYMENT AFTER THE EFFECTIVE DATE OF MY RETIREMENT BENEFITS, IN ACCORDANCE WITH THE RULES ESTABLISHED BY THE BOARD OF TRUSTEES. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

A COPY OF THE APPLICANT'S PROOF OF AGE AND, IF MARRIED, SPOUSE'S PROOF OF AGE AND MARRIAGE CERTIFICATE IS REQUIRED.  
DISABLED APPLICANTS SHOULD SUBMIT THEIR APPLICATIONS WITH OR WITHOUT A COPY OF THEIR SSA DISABILITY AWARD CERTIFICATE.

**P&P LOCAL UNION NO. 630 WELFARE FUND**

**APPLICATION FOR RETIREE INSURANCE COVERAGE**

c/o NEBA Inc; 2010 N.W. 150th Avenue, Suite 100, Pembroke Pines, FL 33028

Phone: (954) 266-6322; Toll Free: (800) 842-5899; Fax: (954) 266-2079

Retiree's SSN

Retiree's Name (Please Print)

Retiree's Date of Birth Age

Address, City, State & Zip: (Please Print)

Spouse's Name (Please Print)

Spouse's SS#

Spouse's Date of Birth Age

**PLEASE CIRCLE OR PROVIDE THE ANSWER TO THE FOLLOWING QUESTIONS.**

Are you 'retired' (drawing your pension) under the Pension Plan of P&P Local 630 Pension Fund? YES NO

\* If 'NO', have you submitted an Application for Retirement (Pension) Benefits? YES NO

Do you have at least 2000 hours paid contributions into the Welfare Fund during the last five (5) consecutive calendar years prior to retirement? YES NO

Is your spouse to be covered on your 'retiree' policy? YES NO

**NOTE:** If you or your spouse are age 65 or older, you must be enrolled in Medicare Part A & Part B; but not Medicare Part D.

Are you enrolled in Medicare <u>Part A</u> ?	YES	NO	Is your spouse?	YES	NO
Are you enrolled in Medicare <u>Part B</u> ?	YES	NO	Is your spouse?	YES	NO
Are you enrolled in Medicare <u>Part D</u> ?	YES	NO	Is your spouse?	YES	NO

\* If 'YES', to any of the above Medicare questions, please attach a copy of the corresponding Medicare card(s).

Last day covered as an 'active' or 'non-barg' employee? DATE:

Date you wish to start Retiree coverage? DATE:

Do you wish to have your monthly premiums deducted from your pension benefits? YES NO

\* If 'YES', please complete (and return) the attached Assignment of Pension Benefits form.

Signature of Retiree

Date

**Please notify the Fund office as soon as you or your spouse become effective with Medicare**

**NOTE:** If a Retiree returns to covered employment and qualifies for coverage as an 'active' or 'non-barg' employee, the Retiree may elect such coverage. If the Retiree elects such coverage, upon re-retirement, the Retiree would be required to meet all of the eligibility rules as of the date of re-retirement. If the Retiree remains on Retiree coverage, the monthly premium is still required.

A Retiree may drop Retiree coverage one time to try other insurance (other than 'active' coverage under this Plan) for up to one year and still be able to return to Retiree coverage under this Plan.

**Plumbers & Pipefitters Local Union No. 630**

**Welfare & Pension-Annuity Funds**

c/o National Employee Benefits Administrators, Inc.  
2010 NW 150<sup>th</sup> Ave, Suite 100 | Pembroke Pines, FL 33028  
Phone: (954) 266-6322 | Toll Free: (800) 842-5899 | Fax: (954) 266-2079

**RE: Plumbers & Pipefitters Local Union No. 630 Welfare Fund  
Assignment of Pension Benefits**

I hereby assign a portion of my monthly pension benefit to the Plumbers & Pipefitters Local Union No. 630 Welfare Fund for the purpose of covering the cost of the contribution I am required to make to continue eligibility under the Welfare Fund.

Pursuant to this assignment of my pension benefits, I hereby direct the Plan Administrator of the Plumbers & Pipefitters Local Union No. 630 Pension-Annuity Trust Fund to deduct the monthly amount of \$\_\_\_\_\_ (as indicated below) from my monthly pension benefit and forward this amount to the Plan Administrator of the Plumbers & Pipefitters Local Union No. 630 Welfare Fund.

I certify that this assignment of pension benefits to the Welfare Fund is voluntary; and understand that I may revoke this assignment at any time, by providing a written notice to the Plan Administrator of the Plumbers & Pipefitters Local Union No. 630 Pension-Annuity Trust Fund.

<b>Effective Date of Retiree Coverage</b> (Must be within 1 year after active coverage ends.)		_____
		(Required for New Retirees) (Enter Month & Year)
<b>Benefit Month to Begin Deduction:</b> (Form <u>must</u> be received by the 15 <sup>th</sup> of the month prior to the benefit month.)		_____
		(Required: Month & Year)
<b><u>PLEASE INDICATE APPROPRIATE COVERAGE</u></b>		
<b>Retiree &amp; Spouse (both on Medicare)</b>	<b>\$248.00 per month</b>	_____
<b>Retiree &amp; Spouse (one on Medicare)</b>	<b>\$387.00 per month</b>	_____
<b>Retiree &amp; Spouse (neither on Medicare)</b>	<b>\$525.00 per month</b>	_____
<b>Retiree Only (on Medicare)</b> (Single OR Spouse not on Plan)	<b>\$248.00 per month</b>	_____
<b>Retiree Only (not on Medicare)</b> (Single OR Spouse not on Plan)	<b>\$525.00 per month</b>	_____

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Participant SSN

**Plumbers & Pipefitters Local Union No. 630  
Pension-Annuity Fund**

**Working Status Verification**

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In order to complete the processing of your application it will be necessary for you to complete this Working Status Verification form.

1. Are you currently working?                      Yes\_\_\_\_\_                      No\_\_\_\_\_
2. If yes, what is your position? \_\_\_\_\_
3. Describe the type of work you perform in this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you a full-time or part-time employee? \_\_\_\_\_
5. What is the name of your current employer? \_\_\_\_\_

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**THE PENSION PLAN OF THE PLUMBERS LOCAL UNION NO. 630  
PENSION-ANNUITY TRUST FUND**

**RETIREMENT DECLARATION**

I declare that, as a result of my retirement, on the date stated below as the Last Day Worked in Industry:

- I have or will have stopped all employment with employers in the plumbing and pipefitting industry within the geographic area covered by the PENSION PLAN; and
- I will provide a termination slip from my last employer prior to retirement; and
- I will not be or have not been so employed since that date; and
- I have separated from service from all employers contributing to the PENSION PLAN; and
- As of the date of my retirement I am not on referral from UA Local 630; and
- If I have an ownership interest in any business in the industry within the geographic area covered by the PENSION PLAN, I declare that on the date stated below I have stopped being an employee of that business.

I understand that to be considered retired under the PENSION PLAN I must have withdrawn from any further employment in work regularly performed by plumbers and pipefitters or otherwise at the trade within the work and territorial jurisdiction of the UA Local 630.

I also declare that I do not anticipate entering into any employment in the plumbing and pipefitting industry in the future and that I do not have an arrangement with my current or other employer regarding a return to work after the Last Day Worked in Industry stated below. If unanticipated circumstances occur, however, and I return to such work at some time in the future, I acknowledge that I must notify the Fund Office of the PENSION PLAN in writing within 30 days of my return to work, regardless of the number of hours worked.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Day Worked in Industry: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PLUMBERS & PIPEFITTERS LOCAL 630 PENSION-ANNUITY FUND

## DIRECT DEPOSIT APPLICATION FORM

COMPLETE AND RETURN TO:

NEBA, INC. 2010 NW 150th AVE., STE. 100, PEMBROKE PINES, FL 33028

Name \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

I authorize National Employee Benefits Administrators, Inc. to initiate Direct Deposit (credit entries) of my monthly retirement benefits from the Plumbers & Pipefitters Local 630 Pension Plan, to my Financial Institution account below. This authorization will remain in full force and effect until NEBA, Inc. receives written notification from me it's termination in such time and manner as to afford NEBA, Inc. and my Financial Institution a reasonable time to act on it.

Type of Account: ☐ Checking ☐ Savings

Financial Institution:

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF ACCOUNT IS CHECKING ATTACH AVOIDED CHECK BELOW

***ATTACH A BLANK VOIDED CHECK  
HERE FOR DIRECT CHECKING  
ACCOUNT DEPOSIT***

Please have your Financial Institution complete the following section for savings  
Account Direct Deposit:

Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2020**

**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](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

## General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that 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.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2020**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last 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 or town, state, and ZIP code		

### Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►  
**Marital status:** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional 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 ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,095 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

## Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2020 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By February 1 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

# Specific Instructions

## Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line D. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, 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 SSN. To learn more about this credit, see Pub. 972, *Child Tax Credit and Credit for Other Dependents*. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line E. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line F. Other credits.** You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

## Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure your withholding more precisely.

### Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** **Child tax credit.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **D** \_\_\_\_\_
- E** **Credit for other dependents.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F** **Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . . **F** \_\_\_\_\_
- G** Add lines A through F and enter the total here . . . . . **G** \_\_\_\_\_

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2020 itemized deductions. These 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. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,650 \text{ if you're head of household} \\ \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2020 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2020 other income not subject to withholding (such as dividends, interest, or capital gains) . . . . . 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 . . . . . 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1 . . . . . 10 \_\_\_\_\_

### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of payments remaining in 2020. For example, divide by 8 if you're paid every month and you complete this form in April 2020. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment . . . . . 9 \$ \_\_\_\_\_

Table 1

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

## 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 periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke 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). Providing false or 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 possessions 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.