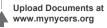
Save time by applying online. Log in/register at www.nycers.org

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Federal Tax Withholding Change – W-4P Print clearly in CAPITAL letters using only black ink. Pension Number Last 4 SSN Date of Birth First Name M.I. Last Name Apt. Number Address Country City State Zip Code Federal Tax Withholding – For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below. Married, filing jointly or Qualifying widow(er) Single or Married, filing separately Head of household 2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly): (If you (or your spouse) have a job, **do not** complete Steps 3-7 on this form.) 3. Number of qualifying children **under** age 17: \$2,000 4. Number of other dependents: \$500 5. Other credits: Add lines 3 - 5. Total Credits (Fields 6-8 are OPTIONAL.) (If you want tax withheld on other income you expect this year that won't have 6. Other income: \$ withholding, enter the amount of other income here. This may include interest, taxable social security and dividends.) (If you expect to claim deductions other than the basic standard deduction and want to 7. Other deductions: \$ reduce your witholding, use the Deductions Worksheet and enter results here.) 8. Extra withholding: \$ (Enter any additional tax you want withheld from each payment.) Do not withhold Federal income tax from my pension. Signature of Member (This form must be acknowledged before a Notary Public or Commissioner of Deeds.) Date On this 20 State of County of day of , personally If you have an official seal, AFFIX IT appeared before me the above named, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that the statements contained therein are true. Signature of Notary Public or Commissioner of Deeds **Official Title Expiration Date of Commission**

R02/22





Sign this form and have it notarized, THIS PAGE





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About This Form

This form is for NYCERS Retirees and Beneficiaries who wish to change the amount of Federal income tax withheld from their monthly pension payments. NYCERS cannot counsel you on tax matters. If you need assistance in determining which tax withholding selections to make, please consult with a professional tax preparer or visit the Internal Revenue Service (IRS) website at www.irs.gov/forms-pubs/about-form-w-4-p.

You can change your tax withholding online instead of filing this paper form. Please register for, or log in to your MyNYCERS account at www.nycers.org and select "Update Federal Tax Withholding (W-4P)."

Instructions

1. Print clearly in CAPITAL letters. Use black ink only. Leave blank spaces between words and numbers.

1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

- 2. If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official correspondence address in NYCERS' records. This will not affect your pension check mailing address. To update your pension check mailing address, log in to your MyNYCERS account and click "Update Pension Payment Method."
- 3. If your address is foreign:
 - Address Field Enter your address or post office box number, and postal code, if known.
 - City Enter the city, town or other principal subdivision (e.g., province, state, county).
 - State/Zip Code Fields Leave these fields blank.
 - **Country** Enter the country.
- 4. If you choose not to withhold Federal income tax from your pension payments, skip fields 1-8 and place a check in field 9. 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 possessions.
- 5. If you choose to withhold Federal income tax from your pension payments, you must select a Filing Status (field 1). Failure to do so will result in your application being rejected and no change will be made to your current tax withholding election.
- 6. If your taxable income (field 2) is greater than \$0, skip fields 3-7. If your taxable income is \$0, fields 3-5 are required and fields 6-8 are optional.
- 7. Please review the calculations for fields 3-5 carefully. Incorrect entries will result in your application being rejected.
- 8. If you would like to withhold additional monies, enter the amount in field 8.
- 9. This form must be executed by a Notary Public under the guidelines of the state or country you are executing this document in. Failure to do so will invalidate this form.
- 10. Mail the completed form to 30-30 47th Avenue, 10th Fl., Long Island City, NY 11101. Keep a copy for your records.



Sign this form and have it notarized, PAGE 1 Upload Documents at

