

Derrickmen's Pension Fund, Local 197
1040 Avenue of the Americas, 24th Fl.
New York, New York 10018
(212) 505-5050

Congratulations on your pending retirement!!!!

As you are approaching retirement, we thought we should help make the transition as smooth as possible, so that you can think about your retirement plans and the choices open to you.

Please be advised that a calculation of your years of service in our union indicates that you may be eligible for a pension benefit from the Derrickmen's Pension Fund, Local 197.

The first step toward retirement is filling out your pension application. This application, along with the required documentation, is the only document that can set your retirement in motion.

Your pension will be processed as soon as administratively possible, once the Pension Fund has your completed pension application. Keep in mind that this will take time. The Pension Fund must collect information from different sources, so processing depends on how quickly we receive that information. You can do your part to speed up the process by submitting all required documentation.

There's no getting around the fact that the retirement process has its share of paperwork. Use this checklist to keep track of the information you have and the information you may need to track down. The information includes but is not limited to:

Citizenship/Proof of Age. Proof of citizenship for you and your spouse/beneficiary: birth certificate, naturalization papers, passport, resident alien card or enhanced driver license

Government-issued marriage certificate, if married

Death certificate for spouse, if applicable

Divorce judgment, QDRO, and stipulation of settlement, if divorced

Social Security cards for you and your spouse/beneficiary

AN INCOMPLETE APPLICATION WILL SLOW DOWN YOUR RETIREMENT PLANS

An application is considered incomplete if required documentation is missing or if the application is not signed. The Pension Fund cannot process your application if it is incomplete.

When we are in receipt of your signed application or request for an application, you will then receive a joint and survivor form for completion, along with other retirement information. Your joint and survivor form will contain different monthly pension amounts. This is because there are several pension payment options for you to choose from. We have Pension Counselors on staff to explain the different options offered to you.

You can have your pension check automatically credited to your savings or checking account on the first day of every month, so you don't have to worry about lost or stolen mail or long lines at the bank.

Because your account number, account type and routing number must be accurately entered, we encourage you to take the form to your bank to verify the information or provide us with a voided check. You may move your account to another bank at any time. All you have to do is notify the Pension Fund and complete a new Direct Electronic Deposit Authorization Form

Your benefit is taxable by the federal and state government and are subject to federal income tax withholding, unless the pensioner elects not to have withholding apply. The W-4P federal withholding form is included in this packet. The W-4P federal withholding form must be completed and either submitted with your pension application, or mailed or faxed to the Pension Fund.

The above is a brief synopsis of the pension process. Please refer to the Summary Plan Description for detailed information regarding vesting, credits, and types of pensions available.

We hope this information was helpful to you.

If you need additional help, or have questions, please contact the Fund Administrator:

Daniel H. Cook Associates, Inc.
1040 Avenue of the Americas, 24th Fl.
New York, NY 10018
Phone: (212) 505-5050
Email: applications@dhcook.com

If you worked under another ironworker local in one or more related jurisdictions of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers you may be eligible for a Pro-Rata Pension. If you believe you may be entitled to a Partial Pension, please contact the Fund Administrator for more information.

While the administrator of the trust has been instructed to use every effort to make the foregoing information accurate, the trustees expressly reserve the right to correct the statement if errors are discovered. No liability is assumed for any such errors. Your benefits will depend upon the contents of the official Trust records, rather than this summary, and upon the facts verified before Benefits are paid.

Please sign, date and return to the fund office.

Derrickmen's Pension Fund, Local 197
1040 Avenue of the Americas, 24th Fl.
New York, New York 10018
(212) 505-5050

PENSION APPLICATION

Please read this application carefully before answering any questions. Answer all questions which apply to you. If you have questions about any part of this application, contact the Fund Office.

Please Print

A. PARTICIPANT:

1. Name: _____ 2. Soc. Sec. No.: _____
(Last) (First) (M.I.)
3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)
4. Telephone No.: () _____ 5. Date of Birth: _____
6. Is your birth certificate or proof of age attached? _____
7. Date you stopped working or you plan to stop working: _____
8. Are you currently:
 Married Legally separated Divorced Widowed
(if widowed, please provide copy of deceased spouse's death certificate)

B. SPOUSE (IF APPLICABLE):

1. Name: _____ 2. Soc. Sec. No.: _____
(Last) (First) (M.I.)
3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)
4. Telephone No.: () _____ 5. Date of Birth: _____
6. Is proof of marriage attached? _____
7. Is birth certificate or proof of age attached? _____

C. **DIVORCED SPOUSE (IF APPLICABLE):**

1. Name: _____ 2. Soc. Sec. No.: _____
(Maiden) (First) (M.I.)

3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)

4. Telephone No.: () _____ 5. Date of Birth: _____

6. Is your pension subject to a Qualified Domestic Relations Order? Yes No

7. Is birth certificate or proof of age attached? _____

D. **TYPE OF PENSION:** (INDICATE TYPE OF PENSION FOR WHICH YOU ARE APPLYING)

- Regular Pension - Age 65 and 15 Pension Credits
- Early Retirement Pension - Age 60 and 15 Pension Credits
- Deferred Pension - Attained Normal Retirement Age; or age 65 and 5 Vesting Credits; (If you did not work in covered employment after January 1, 1999, you must have 10 Vesting Credits.)
- Service Pension - Age and Pension Credits add up to equal 80 (or 85 if you did not work in covered employment after January 1, 1999).
- Disability Pension - 15 Years of Pension Credit, 480 Hours in the year you became disabled or the previous year and you have been awarded a disability benefit by the Social Security Administration.
- Partial Pension – If you worked under another ironworker local in one or more related jurisdictions of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers you may be eligible for a Pro-Rata Pension

E. **WORK HISTORY:**

1. (a) List date you started working in Covered Employment:

(Month) (Day) (Year)

(b) Have there been any periods when you left Covered Employment?

Yes No

If "Yes", state when: From _____ To _____
(Month/Year) (Month/Year)
From _____ To _____
(Month/Year) (Month/Year)

2. List all the Employers you have worked for and the dates:

Continue on an additional piece of paper, if necessary.

(a) Have you worked under another ironworker local in one or more related jurisdictions of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers?

Please list them: _____

F. **DISABILITY AND MILITARY SERVICE:**

1. Have you ever been totally disabled so as to prevent you from working as a Derrickman and for which you were compensated under the Workers' Compensation Law?

Yes No

If "Yes", From _____ To _____
(Month/Year) (Month/Year)

2. Have you ever received weekly accident and sickness benefits from the Derrickmen's Welfare Fund, Local 197?

Yes No

If "Yes", From _____ To _____
(Month/Year) (Month/Year)

3. Have you applied for a Social Security Disability Award? Yes No

Have you receive a Disability Award from the Social Security Administration? Yes No

If yes, please attach a copy of your award to this application.

4. Have you ever served in the Armed Forces of the United States?

Yes No

If "Yes", From _____ To _____
(Month/Year) (Month/Year)

Please attach copies of discharge papers. Do not send originals.

G. **UNEMPLOYMENT**

1. Have you ever had hours of unemployment paid by the Derrickmen's Local 197 Additional Security Benefits Fund?

Yes No

If "Yes", From: _____ To: _____ Number of hours: _____

H. **PAYMENT OPTIONS:**

Married Participants

Under this Pension Plan your benefit is automatically paid as a Husband and Wife Pension if you are married when you retire, unless you and your spouse reject this form of payment. When the Pensioner dies, the spouse receives a lifetime pension equal to 50% or 75% of the amount that was being paid when the Pensioner was alive as long as they had been married to each other at the time of the pension effective date and for at least one year at the time of the Pensioner's death.

If you did not work in covered employment on or after January 1, 1996, the monthly amount of your benefit will be actuarially reduced in order to provide a Husband and Wife Pension.

If you reject the Husband and Wife Pension with your spouse's written consent, your benefit will be paid in the form of an unadjusted lifetime monthly benefit with a 60 Month Guarantee. If you die before receiving 60 monthly payments, the same monthly amount will be paid to your beneficiary, until a total of 60 payments have been made, counting both those made to you and your beneficiary.

Divorced Participants

Under this Pension Plan, if you were divorced and a court divorce decree has been issued to you, your ex-spouse may be entitled to benefits under this Plan. If the divorce decree meets the criteria of a Qualified Domestic Relations Order under applicable federal law, the Pension Fund will be obligated to treat your ex-spouse as if you were still married for the purposes of eligibility determination and benefit calculation.

IF YOU HAVE RECEIVED A DIVORCE DECREE WHICH REQUIRES PAYMENT OF BENEFITS TO YOUR EX-SPOUSE, YOU MUST ATTACH IT TO THIS APPLICATION. The Fund Office will establish whether or not such a decree is a Qualified Domestic Relations Order and will advise the parties concerned of their determination. If a Qualified Domestic Relations Order requires payment of benefits to an ex-spouse, the Fund Office will advise you of the Order's impact on your benefits and of any benefit payment options you may be entitled to elect.

Single Participants

Under this Pension Plan, if you are single (or can establish to the satisfaction of the Trustees in their sole discretion that you cannot locate your spouse) you will be paid a lifetime monthly benefit with a 60 Month Guarantee survivor benefit. If you die before receiving 60 monthly payments, the monthly payments of your pension will continue to be paid to your beneficiary, until a total of 60 payments have been made.

2. I am legally married to _____ whom I hereby certify to be the (Name of Spouse) person co-signing this document below. **I do not wish to receive the pension for which I am eligible in the form of a Husband and Wife Pension.**

I understand that as a result of my rejecting the Husband and Wife Pension my spouse will not be paid a pension from the Pension Plan after my death unless other benefits are payable to my spouse under the 60 Month Guarantee. I further recognize that because of this rejection, the Pension paid to me while my spouse is living will be a different amount than it would be if I had not rejected the Husband and Wife Pension.

By rejecting the Husband and Wife Pension, my Spouse and I agree that the following person shall be the named Beneficiary for any benefits which may be payable under the 60 Month Guarantee. I also understand such 60 Month Guarantee will only be payable if I retire on a Regular or Early Retirement Pension.

(Name) (Relationship to me)

(Address) (Social Security No.)

In the event of the death of my Beneficiary named above, I name as my Contingent Beneficiary the following person:

(Name) (Relationship to me)

(Address) (Social Security No.)

I recognize that this or any future Designation of Beneficiary is valid only with the written, notarized consent of my spouse. In the absence of my spouse's written, notarized consent to this designation, I understand that any retirement benefits to which I am eligible shall be payable only in the form of a Husband and Wife Pension, and my above stated rejection of this payment form shall be invalid

I certify that the above information is true and correct and that the Fund may, based upon this information and my spouse's consent, pay my pension benefit in a form other than a Husband and Wife Pension.

You must attach a copy of your marriage certificate.

(Print your Name) (Signature) (Date)

State of _____)
County of _____) SS:

On the _____ day of _____, 20____, _____ before me came _____, to me known and known to me to be the person described above who executed the foregoing statements before me under oath.

(Notary Public)

STATEMENT OF CONSENT TO BE COMPLETED BY PARTICIPANT'S SPOUSE IF THE HUSBAND AND WIFE PENSION IS REJECTED.

I, _____, am the legal spouse of the Participant, _____.
(Spouse's Name) (Participant's Name)

I hereby consent to my spouse's rejection of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension from the Pension Plan after my spouse's death, unless I am eligible for and am the Designated Beneficiary for benefits payable under the 60 Month Guarantee. I further recognize that because of this rejection, the Pension paid to my spouse while he or she is living will be a higher amount than it would be if he or she had not rejected the Husband and Wife Pension.

I hereby consent to my spouse's designation of: _____
(Name of Beneficiary*)
and _____ to receive any survivor benefits payable under the
(Name of Contingent Beneficiary)*

60 Month Guarantee. I understand that this or any future Designation of Beneficiary shall be valid only with my written, notarized consent.

(Spouse's Signature)

(Date)

(Spouse's Soc. Sec. No.)

State of _____)
County of _____) SS:

On the _____ day of _____, 20____, before me came _____, to me known and known to me to be the person described above who executed the foregoing statements before me under oath.

(Notary Public)

* Note: For this rejection of the Husband and Wife Pension to be valid, the Beneficiaries must be the same persons designated by the Participant on the previous page. In the event that the Participant and Spouse cannot agree on the Beneficiaries, the rejection of the Husband and Wife Pension is invalidated, and the Fund will be obligated to pay any Pension benefits due in the form of a Husband and Wife Pension.

3. I wish to receive the Pension for which I am eligible in the form of a Husband and Wife Pension.

I understand that by electing this Husband and Wife Pension, I will receive a reduced benefit for my lifetime and then after my death, my surviving eligible spouse will be entitled to 50% of my reduced benefit for his or her lifetime.

(Name) (Relationship to me)

(Address) (Social Security No.)

Under this pension I understand that:

- a. I must have been married to my spouse for at least one year at the time of my death for my spouse to be eligible to receive the Husband and Wife Pension benefit.
- b. If my spouse predeceases me after my Pension payments begin, the amount of my Pension will continue to be paid in the reduced amount for my lifetime.
- c. If my spouse and I are divorced after my Pension payments begin, the election remains in effect and my spouse will (should he or she survive me) receive the benefit under the Husband and Wife Pension for his or her lifetime unless a Qualified Domestic Relations Order states otherwise.

Attach copies of your birth certificate, your spouse's birth certificate and your marriage certificate.

(Print your Name) (Signature) (Date)

4. I may wish to receive my Pension benefits in the form of a Husband and Wife Pension and wish to be informed of the exact amount of the Pension benefits payable to myself and my spouse under the Husband and Wife Pension. I understand that when I receive this information, I will again have the chance to make a final election regarding the Husband and Wife Pension.

In order for the Fund Office to calculate the Pension amounts payable you must attach copies of your birth certificate, your spouse's birth certificate and your marriage certificate.

(Print your Name) (Signature) (Date)

I. **WITHHOLDING OF FEDERAL INCOME TAX FROM YOUR BENEFIT:**

If you do not check either box, federal income tax will be withheld as if you were married with three exemptions.

- A. Do not withhold federal income tax from my pension benefit.
- B. Please withhold federal income tax from my pension benefit. (If you have checked this box you must complete a U-4P Form).

J. **MY SIGNATURE BELOW SIGNIFIES THAT:**

- 1. The above statements are true to my knowledge.
- 2. I understand that a false statement may disqualify me for Pension benefits.
- 3. I understand that if, after I retire, I return to certain work my monthly Pension checks may be suspended for at least the period I continue that work. I agree to notify the Fund Office immediately upon my return to any type of employment and to supply whatever information the Trustees request to determine whether suspension is warranted.

(Signature)

(Date)

Your pension application will be processed as promptly as possible. You will be contacted if further information or proof is required. You will be notified in writing of the decision on your application.

Derrickmen's Local 197 Pension Fund
253 West 35th Street, 12th Floor
New York, NY 10001
Tel: 212.505.5050 Fax: 212.714.1454

DIRECT DEPOSIT FORM

Please use *ink only* to complete the following information and sign at the bottom.

MEMBER'S FULL NAME _____ **DOB** ____/____/____
LAST NAME _____ **FIRST NAME** _____

SOC. SEC. NO. ____--____--____ **PHONE NO.** _____ **CELL NO.** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **EMAIL** _____

STATUS: **SINGLE** **MARRIED** **WIDOWED** **DIVORCED** **LEGALLY SEPARATED**

Are you currently receiving (or approved to receive) a pension? ___ Yes ___ No

Do you want your pension check deposited directly into your account? ___ Yes ___ No

If yes, attach a voided check here

For a SAVINGS account, please attach a letter from the bank indicating your Account and Routing #.

This authorization will be in effect until the FUND receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print your name

Signature

Date

Direct Deposit will not be processed without signature

Derrickmen's Pension Fund, Local 197
253 West 35th Street, 12th Floor
New York, New York 10001
(212) 505-5050

PRE - RETIREMENT DEATH BENEFITS
PENSION APPLICATION
FOR BENEFICIARIES AND SURVIVING SPOUSES'

Please read this application carefully before answering any questions. Answer all questions which apply to you. If you have questions about any part of this application, contact the Fund Office.

Please Print

A. **DECEASED PARTICIPANT INFORMATION:**

1. Name of Decedent: _____ 2. Soc. Sec. No.: _____
(Last) (First) (M.I.)
3. Address: _____
(No.) (Street)
- _____
(City) (State) (Zip Code)
4. Telephone No.: () _____ 5. Date of Birth _____
6. Date of Death _____

YOU MUST ATTACH A COPY OF THE PARTICIPANT'S BIRTH CERTIFICATE AND DEATH CERTIFICATE AND YOUR BIRTH CERTIFICATE AND YOUR MARRIAGE CERTIFICATE (IF YOU ARE THE SURVIVING SPOUSE)

B. Check One: **SURVIVING SPOUSE INFORMATION:**

DESIGNATED BENEFICIARY INFORMATION:

1. Your Name: _____ 2. Soc. Sec. No.: _____
(Last) (First) (Middle)
3. Your Address: _____
(No.) (Street)
- _____
(City) (State) (Zip Code)
4. Your Telephone No.: () _____ 5. Your Date of Birth _____
5. Your Relationship to the Decedent _____

I certify that I am the Surviving Spouse Designated Beneficiary of _____, who died on _____, 19____. I additionally certify that the above information is true and correct. I understand that, if I am entitled to any survivor's benefits from the Fund, such benefits may not begin until the earliest date that the deceased participant could have initially retired under the Rules and Regulations of the Plan.

Print your name Signature Date

SS: _____

State of _____

County of _____

On the _____ day of _____, 19____ before me came _____, to be known and known to be the person described in and who executed the forgoing statement (s)he duly acknowledged to me that (s)he executed same.

Notary Public

612258/00507.001

**Withholding Certificate
 for Periodic Pension or Annuity Payments**
 Give Form W-4P to the payer of your pension or annuity payments.

2026

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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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, minus 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 pension/annuity, 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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c)	\$	
Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here				3 \$

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
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Step 5: Sign Here	Your signature (This form is not valid unless you sign it.) _____	Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), 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. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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

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

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

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

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

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

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex 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 Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he 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). He 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.



Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

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.

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 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 17, if you expect to claim deductions other than the basic standard deduction on your 2026 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 qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

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 when you file your tax return.

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 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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.

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$640,600 if you’re single or head of household } **9** \$ _____
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$24,150 if you’re head of household } **11** \$ _____
 { • \$16,100 if you’re single or married filing separately }

12 **Additional standard deduction.** If you (or your spouse) are 65 or older.

Enter: { • \$2,050 if you’re single or head of household }
 { • \$1,650 if you’re married filing separately } **12** \$ _____
 { • \$1,650 if you’re a qualifying surviving spouse or you’re married filing jointly and one of you is under age 65 }
 { • \$3,300 if you’re married filing jointly and both of you are age 65 or older }

13 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **13** \$ _____

14 Add lines 12 and 13. Enter the result here **14** \$ _____

15 Add lines 11 and 14. Enter the result here **15** \$ _____

16 If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14 **16** \$ _____

17 Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P **17** \$ _____