



Tile Layers Union Local No. 52 NY Pension Fund

1040 Avenue of the Americas, 24th Floor
New York, NY 10018
(212) 505-5050 Fax 646-381-8832
Email: applications@dhcook.com

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 Tile Layers Union Local No. 52 NY Pension Fund.

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.

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 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 Floor
New York, NY 10018
Phone: (212) 505-5050 Fax 646-381-8832
Email: applications@dhcook.com

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.

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PENSION APPLICATION

Please read this application carefully before answering any questions. Answer all questions, which apply to you. If you have any 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: _____
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 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.)

2. 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

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

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

Normal Pension

You are entitled to retire on a Normal Pension if you have reached Normal Retirement Age and have earned Vested Status.

- If you worked in Covered Employment on or after January 1, 2000, you will reach Normal Retirement Age on your 61st birthday.
- If you worked in Covered Employment on or after April 1, 1998, but not on or after January 1, 2000, you will reach Normal Retirement Age on your 62nd birthday.
- If you did not work in Covered Employment on or after April 1, 1998, you will reach Normal Retirement Age on your 65th birthday.

Early Retirement Pension

- You may retire on an Early Retirement Pension if you are at least 55 years old and have at least 5 years of Vesting Service Credit, provided you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011). If you have at least 5 years of Vesting Service Credit but leave covered employment before becoming 55, you may receive an Early Retirement Pension when you turn 55, provided you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011).

Deferred Pension

- If you have attained Vested Status you may receive a Deferred Pension at age 55 or later, provided that you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011).

Disability Award Pension

- If you are fully vested and have been awarded a Social Security Disability benefit, you may receive a Disability Award Pension from the Plan at any age.
 The amount of your Disability Award Pension will be the same as the Normal Pension benefit you would be eligible to receive as of the date you retire.
 If your Social Security Disability benefit ends before you reach age 61 then your Disability Award Pension under this plan will also end.
 Participant is entitled to no more than twelve (12) months of retroactive payments if the date of disability precedes the Participant’s application for benefits. Such retroactive payment shall be characterized as an “auxiliary disability” benefit.

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.

F. **DISABILITY AND MILITARY SERVICES:**

1. Have you even been totally disabled so as to prevent you from working as a Tile Layer Local 52 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 Local 7 Welfare Fund?

Yes No

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

3. 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.

4. 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.

G. PAYMENT OPTIONS:

Married Participants

Under this Pension Plan your benefits 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 equals to 50% 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 36 Month Guarantee. If you die without receiving 36 monthly payments, the same monthly amount will be paid to your beneficiary, until a total of 36 payments have been made, counting 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 other'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 if established 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 36 Month Guarantee survivor benefit. If you die before receiving 36 monthly payments, the monthly payments of your pension will continue to be paid to your beneficiary, until a total of 36 payments have been made.

STOP HERE and call the Fund Office IF you are married and wish to prove that you cannot locate your spouse. The fund Office will describe the form of proof acceptable to the Trustees.

Please check and complete only one of the four appropriate boxes below. If you are married and both you and your spouse do not reject the Husband and Wife Pension by checking and completing Box 2, your pension must be paid in that form.

1. I swear that I am not legally married at the present time. I name as my Beneficiary for the 36 Month Guarantee the following person:

(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 certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension benefit if I am eligible.

(Print your name) (Signature) (Date)

State of _____)

) SS:

County of _____)

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)

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 36 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 named Beneficiary for any benefits which may be payable under the 36 Month Guaranteed. I also understand such 36 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 base 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 _____)
) SS:
County of _____)

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 36 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
(Name of Contingent Beneficiary)

the 36 Month Guarantee. I understand that this or any future Designation of Beneficiary shall be valid only with my written, notarized consent.

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

(Spouse's Name) (Date)

(Spouse's Soc. Sec. No.)

State of _____)
) SS:
County of _____)

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)

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 lifetime and then after my death, my surviving eligible spouse will be entitled to 50% or 75% 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 my Pension payments begin, the amount of my Pension will continue to be paid in the reduced amount for my lifetime.
- b. 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 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 you and 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 taxes will be withheld.

- A. Do not withhold federal income taxes from my pension benefit.

- B. Please withhold federal income tax from my pension benefit. (If you have checked this box, please indicate the amount you would like withheld).

****Please withhold \$ _____ or _____% from my monthly benefit. ****

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.

TILE LAYERS LOCAL 52 PENSION FUND

1040 Avenue of the Americas,
24th Fl. New York, NY 10018
(212) 505-5050 Fax: (646) 381-8832
applications@dhcook.com

ELECTRONIC DEPOSIT OF YOUR MONTHLY BENEFIT

NAME: _____

SSN _ _

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ Check Box If Your Address Has Changed

HOME #: _____ CELL #: _____

Name of Bank or Credit Union _____	
ABA Routing # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Acct# _____	Checking <input type="checkbox"/>
	Savings <input type="checkbox"/>

If you intend to deposit your benefit to your **checking** account, the Fund requires that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

If you intend to deposit your benefit to your **savings** account, the Fund requires that you submit a letter signed by a representative from the bank with the routing and account number and your identifying information.

(Signature of Pensioner)

(Date Signed)

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK

John or Mary Doe 100 Main St. Anytown, USA 12345	_____20_____	0501
PAY TO THE _____ ORDER OF _____	\$ <input type="text"/>	
		Dollars
FIRST NATIONAL BANK Anytown, USA For _____	_____	
: 123456789 : 9876 4321 0501		

Tape Voided Check Here

Routing # (always 9 digits) Your account number The individual check # (Do not include)

IF YOU HAVE ANY QUESTION CALL US AT 1-(212) 505-5050 Ext 494.

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

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

2024

Step 1:
Enter Personal Information

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

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

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

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

Do **only one** of the following.

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

(b) Complete the items below.

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

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

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

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

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

Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

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

Section references are to the Internal Revenue Code.

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

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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

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

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

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

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

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

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

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



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

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

Step 4 (optional).

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

Specific Instructions (continued)

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

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

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

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

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

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



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

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

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

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

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

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

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