



Application for Retirement Benefits

Name: _____ Employee ID#: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

E-Mail Addresses: Work: _____ Personal: _____

Phone Numbers: Work: _____ Cell: _____ Home: _____

EMPLOYMENT INFORMATION

Date of Full-time Permanent Employment: _____

Were you initially employed in a part-time or temporary position?: Yes/No If Yes, date: _____
(circle one)

Have you ever received a refund of your contributions from the Retirement System?: Yes/No
(circle one)

If Yes, date(s) and details: _____

During your employment with the City, have you ever experienced?:

If Yes, date(s) and details: _____

Leave of Absence	Yes/No
Suspension	Yes/No
Active Military Leave	Yes/No
Termination of Employment	Yes/No
Reinstatement	Yes/No
Reemployment	Yes/No

(circle one)

RETIREMENT INFORMATION

Employment Termination Date: _____ Retirement Date: _____

Type of benefit for which you are applying:

_____ Normal Retirement - eligible on the first day of the month following the attainment of age 55 or completion of 30 years of service regardless of age.

_____ Early Retirement - eligible after attainment of age 50 and completion of 15 or more years of service with a permanent 5% annual reduction for every year benefit commences prior to age 55.

OTHER INFORMATION

Do you anticipate relocating after retirement? Yes/No It is imperative that after relocation you update your address with the Pension Office to in order to receive important communications and annual tax reporting statements.
(circle one)

Retirees are sometimes very difficult to locate many years after retirement. Just in case we do get separated, please provide the contact information for two of your nearest relatives not living with you:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

BENEFICIARY/SURVIVORSHIP BENEFITS

DURATION AND SURVIVOR BENEFITS - if you were married on the date of your retirement and were married to the same person at the date of your death, that spouse will receive 100% of your monthly pension for one year and then 60% of your monthly pension thereafter until their death or remarriage. Minor children may also be entitled to benefits.

If you were not married on the date that you retired, minor children may be entitled to benefits.

___ I am unmarried ___ I am legally married Spouse's Name: _____
___ I have minor children (names): _____

Absent a spouse or minor children, a minimum benefit equal to the sum of your personal contributions less any pension benefits that have already paid to you will be paid to your named beneficiary(s):

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

OPTIONAL FORMS OF PAYMENT - for a reduction in their pension, a Member may elect for a benefit payable as one of the options listed below or in any form approved by the Board of Trustees so long as the actuarial equivalence is maintained. These options are available upon request from the Pension Office.

Joint & Survivorship Benefit Option - provides a lifetime survivorship benefit to another person to a spouse or another person. An already married Member can increase their 60% duration and survivorship benefit up to a 100% survivorship benefit for their spouse.

10 Year Certain Option - payable for the lifetime of the member but with a minimum of 120 monthly payments guaranteed with a much a smaller reduction in the Member's benefit than the joint and survivorship option.

DIVORCE - under most circumstances, the designation of a spouse as a beneficiary is invalidated under Florida State Statutes (Section 732.703) after divorce. Duration and Survivor Benefits are generally invalidated by divorce due the requirement that the spouse be the same at both the Member's retirement date and death.

ACKNOWLEDGEMENTS

I understand and acknowledge that:

(initials) Beneficiary benefits are generally not payable to an ex-spouse or a spouse married after retirement.

(initials) Fraud perpetrated to attain additional pension or survivorship benefits results in the forfeiture of all future pension benefits, repayment of all overpayments and even possible criminal prosecution.

(initials) Enhanced survivorship benefits (Optional Forms of Payment) are available at a reduction in my pension for which election must occur before retirement and are available upon request from the Pension Office.

Member Signature: _____ **Date:** _____



STATE OF: _____

COUNTY OF: _____

The forgoing instrument was executed before me this _____ day of _____, 20____, by _____, who is personally known by me (or who has produced _____ as identification) and who took an oath.

Notary Public

**CITY OF FORT LAUDERDALE, FLORIDA
PENSION DIRECT DEPOSIT PROGRAM AUTHORIZATION**



I hereby authorize the City of Fort Lauderdale, Florida and the financial institution(s) named below to initiate credit entries (and debit entries or adjustments, if necessary, for any credit entries in error) to the checking and/or savings account(s) listed below. This authority will remain in full force and effect until the City has received written notification from me of its termination along with new depository information. Notification must be received in such time as to afford the City a reasonable opportunity to act upon it.

PLEASE PRINT OR TYPE

NAME: _____

SOCIAL SECURITY #: **XXX-XX-** _____

EMAIL ADDRESS: _____

HOME PHONE NO: () _____

CELL PHONE NO: () _____

PRIMARY ACCOUNT (REQUIRED)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ NET PAY _____ Checking Savings
Deposit Amount (999) Financial Institution Name

_____ _____
Transit Routing Number Account Number

SECONDARY ACCOUNT (OPTIONAL)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ _____ Checking Savings
Deposit Amount (996) Financial Institution Name

_____ _____
Transit Routing Number Account Number

ADDITIONAL ACCOUNT (OPTIONAL)

ACTION REQUESTED (Check One): START NEW CHANGE SAME AS EMPLOYEE PAYROLL STOP

\$ _____ Checking Savings
Deposit Amount (998) Financial Institution Name

_____ _____
Transit Routing Number Account Number

IMPORTANT

You MUST provide appropriate documentation for each account listed:

- Voided Check -or- Letter/Notice from Bank containing all the following:
 Savings Account Deposit Slip a)Bank Name b)Your Name c)Routing Number d)Account Number

Generally, the cutoff date for changes is the 15th of the month for the following month.

Changes of accounts take 2 pay cycles to complete, for your next pay cycle a paper check will be sent to your address on file.

A prenotification test record will be sent to your institution(s) prior to the actual deposit of your pay into your account(s). By banking regulations your institutions must be allowed ten (10) banking days to verify the test data. **During this prenotification test period you will continue to be paid by check.** Any subsequent changes in institutions and/or account numbers will require a new prenotification test process during which time you will again be paid by check.

SIGNATURE: _____ DATE: _____

LEGEND

- START NEW - A new account with no prior direct deposit established before
- CHANGE - Changing to a completely different/new account
- SAME AS EMPLOYEE PAYROLL - Using the same account as employee payroll deposits (new retirees only)
- STOP - Stop all future deposit to this account permanently

Return to:

General Employees Retirement System: Fax (954) 828-5270 Phone (954) 828-5171
Police & Fire Retirement System: Fax (954) 828-5532 Phone (954) 828-5595



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2019 CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – RETIREE (NON-IAFF)

Rev: 1 | Date: 10/10/2018 | Print Date: 10/10/2018

The Benefits Section must receive this completed form within 30 days from your eligibility date (retirement date). Coverage is effective the first of the month following, or coincident to, the date the paperwork is received. Enrollment requests after the 30 day time limit will not be processed.

Female
 Male

 (Last Name) (First Name)

 (Employee ID Number) (Date of Birth)

 (Home Address) (Daytime Phone)

 (City) (State) (Zip) (Email Address)

**** ALL RATES ARE MONTHLY ****

2019 CIGNA MEDICAL PLANS:

Have you reviewed the federal marketplace? If not, go to www.healthcare.gov to compare rates for 2019.

	OAPIN1 (HMO1)	OAPIN2 (HMO2)	HDHP (No HRA)	
Single	<input type="checkbox"/> \$988.53	<input type="checkbox"/> \$899.75	<input type="checkbox"/> \$868.01	<input type="checkbox"/> Decline Medical (Irrevocable)
Retiree+Spouse/DP	<input type="checkbox"/> \$2028.00	<input type="checkbox"/> \$1878.82	<input type="checkbox"/> \$1780.98	
Retiree+Child	<input type="checkbox"/> \$1335.43	<input type="checkbox"/> \$1265.57	<input type="checkbox"/> \$1158.25	
Retiree+Children	<input type="checkbox"/> \$1830.29	<input type="checkbox"/> \$1720.19	<input type="checkbox"/> \$1603.40	
Family	<input type="checkbox"/> \$2820.01	<input type="checkbox"/> \$2596.25	<input type="checkbox"/> \$2493.68	
Adult Child (26-30yrs)	<input type="checkbox"/> (CONTACT THE BENEFITS SECTION FOR A SEPARATE ADULT CHILD(REN) RATE SHEET)			

2019 CIGNA DENTAL PLANS:

	DHMO	DPPO	
Single	<input type="checkbox"/> \$16.43	<input type="checkbox"/> \$51.59	<input type="checkbox"/> Decline Dental (Irrevocable)
Retiree+Spouse/DP	<input type="checkbox"/> \$28.76	<input type="checkbox"/> \$96.67	
Retiree+Child(ren)	<input type="checkbox"/> \$34.52	<input type="checkbox"/> \$99.38	
Family	<input type="checkbox"/> \$48.38	<input type="checkbox"/> \$125.26	

2019 UNITEDHEALTHCARE VISION:

Single	<input type="checkbox"/> \$4.96	<input type="checkbox"/> Decline Vision (Irrevocable)
Retiree+Spouse/DP	<input type="checkbox"/> \$9.49	
Retiree +Child(ren)	<input type="checkbox"/> \$10.05	
Family	<input type="checkbox"/> \$15.56	



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2019 CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – RETIREE (NON-IAFF)

Rev: 1 | Date: 10/10/2018 | Print Date: 10/10/2018

Medical, Dental & Vision – all dependents to be covered must be entered below. New dependents may not be added to any plan unless there is a qualifying event or HIPAA Special Enrollment Rights. Refer to the **Retiree** button on the Benefits webpage at www.fortlauderdale.gov/benefits for Frequently Asked Questions, Important Notices, dependent eligibility criteria, qualifying events, and time frames.

Last Name	First Name	M/F	DOB	Dependent Soc.Sec #	MEDICAL	DENTAL	VISION
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT ACKNOWLEDGMENTS

I authorize any licensed provider to release for review my or my enrolled dependent's medical, dental and vision records to the plan administrators.

I have reviewed dependent eligibility criteria, documentation requirements and time frames to report qualifying event (such as new marriage/domestic partnership, divorce etc.) to the Benefits Section.

I agree for myself and covered dependents to be bound by the benefit plans coverage terms, conditions exclusions and limitations as specified in the certificates of coverage, summary plan descriptions and other governing documents.

I authorize deductions from my pension to cover my designated contributions toward the cost of insurance and understand that my deductions can change if my coverage or costs change.

Any decision to decline coverage is irrevocable and you may not re-enroll at a later date.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree per Florida Statutes Section 817.234. Such individuals will be removed from the plan(s).

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE IMPORTANT ACKNOWLEDGMENTS ON THIS ELECTION FORM.

Signature	Date
-----------	------

Benefit Information about 2019 Health Plans is available for your review.

- City's Benefits (Click on Retiree button) Website www.fortlauderdale.gov/benefits
- Benefits Section: 954-828-5160 (Telephone); 954-828-5328 (Fax); healthyliving@fortlauderdale.gov;
100 N. Andrews Avenue, 3rd Floor, Fort Lauderdale, FL 33301 (Mailing Address)
- Cigna's Help Line 1-800-401-4041

Make sure you retain proof of submitting this form (i.e. fax confirmation; email; US postal receipt)

**Withholding Certificate for
 Pension or Annuity Payments**

2019

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. 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 also may 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 2019.

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 2019 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*, 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 calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator 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 calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax

withheld, you will owe tax when you file your tax return, and you might owe a penalty.

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. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at 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 calculator at 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 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**

2019

► 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.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 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 in the same manner as 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 on 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 \$2,033 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 you 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 2019 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any 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 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 generally are 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 January 31 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 16 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 E. 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 lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. 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 are filing a joint return.

Line F. 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 cannot be claimed, such as a qualifying child who does not meet the age or social security number 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 F 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 are filing a joint return.

Line G. 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 (see 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 Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

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 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 calculator at www.irs.gov/W4App. If you use the calculator, 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 owe tax when you file your tax return and may be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all pensions using worksheets from only one Form W-4P. Claim all allowances on the Form W-4P that you or your spouse file for the highest paying pension in your family and claim zero allowances on Forms W-4P filed for all other pensions. For example, if you receive \$60,000 from your pension per year and your spouse

receives \$20,000 from a pension, you should complete the worksheets to determine what to enter on lines 2 and 3 of your Form W-4P, and your spouse should enter zero ("-0-") on lines 2 and 3 of his or her Form W-4P. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)	
A Enter "1" 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 Enter "1" if: {	D _____
<ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) are \$1,500 or less. 	}
E Child tax credit. See Pub. 972, Child Tax Credit, for more information.	
<ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 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-" 	E _____
F Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.	
<ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 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 \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F _____
G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G _____
H Add lines A through G and enter the total here	H _____
<p>For accuracy, complete all worksheets that apply.</p>	<ul style="list-style-type: none"> • 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, later. • 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 \$53,000 (\$24,450 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H 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 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2 Enter: { \$24,400 if you're married filing jointly or qualifying widow(er) }
 { \$18,350 if you're head of household }
 { \$12,200 if you're single or married filing separately } **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2019 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 2019 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 \$4,200 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 H, 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, page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line H 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 H, 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** below 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 "3" **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, 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, 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** below 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 2019. For example, divide by 8 if you're paid every month and you complete this form in April 2019. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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're 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're 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're 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.