CITY OF FORT LAUDERDALE
GENERAL EMPLOYEES' RETIREMENT SYSTEM

401 NE 4th Street Suite 201, Fort Lauderdale, FL 33301
Phone: 954-828-5171
E-mail: contact@citypension.com

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 (circle one) If Yes, date: _____

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

Termination of Employment Date: _____ Retirement Date: _____
(the day immediately after termination 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 (circle one) 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.

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: _____

- over -

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 still be entitled to benefits.

_____ I am unmarried

_____ I am legally married, Spouse's Name: _____ Spouse Birth Date: _____

_____ I have minor children (names): _____

Absent a spouse or minor children at death, 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.

AKNOWLEDGEMENTS

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:** _____

Must be signed in the presence of a notary

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
GENERAL EMPLOYEES' RETIREMENT SYSTEM

401 NE 4th Street Suite 201, Fort Lauderdale, FL 33301
Phone: 954-828-5171
E-mail: contact@citypension.com

Direct Deposit Form

Name: _____ Social Security # XXX-XX- _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Addresses: _____ Phone : _____

PRIMARY ACCOUNT (REQUIRED)

$ NET PAY		Checking ☐	Savings ☐
Deposit Amount	Financial Institution Name		
Transit Routing Number	Account Number		

SECONDARY ACCOUNT (OPTIONAL)

$		Checking ☐	Savings ☐
Deposit Amount	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.

I hereby authorize the City of Fort Lauderdale General Employees' Retirement System and the financial institution(s) named above 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 above. This authority will remain in full force and effect until the System has received written notification from me of its termination along with new depository information. Notification must be received in such time as to afford a reasonable opportunity to act upon it.

Member Signature: _____ **Date:** _____

Return to General Employees' Retirement System:

401 NE 4th Street Suite 201
Fort Lauderdale, FL 33301

Fax: 954-828-5270

Office Use Only

Verified _____ Entered _____ Confirmed _____

HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2024 CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – RETIREE (NON-IAFF)

Rev: 1 | **Date:** 08/22/2023 | **Print Date:** 10/06/2022

2024 OPEN ENROLLMENT FOR RETIREE BENEFITS

NO ACTION REQUIRED TO KEEP CURRENT BENEFITS.

COMPLETE AND RETURN THIS FORM ONLY IF MAKING CHANGES EFFECTIVE 01/01/2024.

All enrollment changes must be received by Benefits Section, HR by 11/15/2023.

1. Retiree Data (please print):

LAST NAME		FIRST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)	CELL PHONE	WORK PHONE	GENDER: MALE ☐	FEMALE ☐
EMPLOYEE ID NUMBER	EMAIL			

** ALL RATES ARE MONTHLY **

Have you reviewed the Health Insurance Marketplace? If not, go to www.healthcare.gov to compare rates for 2024.

2. Cigna MEDICAL Plans:

☐ *Opt-Out/Decline (Refer to Page 2)

RETIREE (NON-IAFF)	OAPIN1 (HMO1)	OAPIN2 (HMO2)	CDHP (No HRA)
Single	☐ $1,008.30	☐ $917.75	☐ $885.37
Retiree+Spouse/DP	☐ $2,068.56	☐ $1,916.40	☐ $1,816.60
Retiree+Child	☐ $1,362.14	☐ $1,290.88	☐ $1,181.42
Retiree+Children	☐ $1,866.90	☐ $1,754.59	☐ $1,635.47
Family	☐ $2,876.41	☐ $2,648.18	☐ $2,543.55

☐ ADULT CHILD (Ages 26 – 30) - Contact Benefits, HR for a SEPARATE Adult Child RATE SHEET)

3. Cigna DENTAL Plans:

☐ *Opt-Out/Decline

RETIREE (NON-IAFF)	DHMO	DPPO
Single	☐ $18.11	☐ $56.88
Retiree+Spouse/DP	☐ $31.71	☐ $106.57
Retiree+Child(ren)	☐ $38.06	☐ $109.56
Family	☐ $53.34	☐ $138.09

4. UnitedHealthcare VISION Plan:

☐ *Opt-out/Decline

VISION PLAN
☐ $4.95
☐ $9.48
☐ $10.04
☐ $15.55

5. DEPENDENT INFORMATION:

Please complete this section if you wish to add or delete a dependent. If you have any additional children to add or delete, mark here ☐ and list on a separate sheet. 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.

Add	Delete	LAST NAME	FIRST NAME	SOCIAL SEC #	DOB MM/DD/YYYY	SEX M/F	Medical	Dental	Vision
		Spouse/DP							
		Child							
		Child							
		Child							

Approved by: Jerome Post, Director of Human Resources
Uncontrolled in hard copy unless otherwise marked

WE BUILD COMMUNITY

2024 CITY OF FORT LAUDERDALE BENEFITS ELECTION FORM – RETIREE (NON-IAFF)

Rev: 1 | **Date:** 08/22/2023 | **Print Date:** 10/06/2022

IMPORTANT ACKNOWLEDGMENTS

***Opting-Out/Decline or Canceling Coverage: If you opt-out or cancel coverage, you cannot re-enroll. Any decision to decline coverage is irrevocable and you may not re-enroll at a later date.**

- I authorize any licensed provider to release to the plan administrators for review, any medical, dental and vision records for me and/or my enrolled dependents.
- 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 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 Statute Section 817.234. Such individuals will be removed from the plan(s).

6. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE IMPORTANT ACKNOWLEDGMENTS ON THIS ELECTION FORM.	
Retiree Signature	**Date**

Benefit Information about 2024 Health Plans is available for your review at www.fortlauderdale.gov/benefits. All enrollment changes must be received by Benefits Section, HR by 11/15/2023. Change requests received after November 15, 2023 will not be processed.

Three (3) ways to submit this completed form (and any required documents):

1. Fax to: 954-828-5328 (Retain a copy of the fax confirmation)
2. Drop Off in Person: Contact Benefits Section, HR at 954-828-5160 to schedule a drop off time (Retain a copy, initialed by HR, as proof of receipt)
3. Mail to: City of Fort Lauderdale (Retain proof of mailing)

   Attn: Benefits Section, HR
   100 N Andrews Ave 3rd Floor
   Fort Lauderdale, FL 33301

For questions, please contact Benefits Section, HR at 954-828-5160.

Please keep a copy of this completed form for your records and make sure you retain proof of submitting this form (i.e. fax confirmation or US postal receipt)

Check the deductions on your January 2024 pension check and report any discrepancies no later than January 12, 2024.

Approved by: Jerome Post, Director of Human Resources
Uncontrolled in hard copy unless otherwise marked

WE BUILD COMMUNITY

Form **W-4P**
(Rev. January 2022)
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

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

OMB No. 1545-0074

2022

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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 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) Reserved for future use.

(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 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form.
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):

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**

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 possessions.

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.

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, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over $147,000.

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.

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.

Specific Instructions *(continued)*

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 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 2022 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 2022, 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 2022 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: • $25,900 if you're married filing jointly or qualifying widow(er) • $19,400 if you're head of household • $12,950 if you're single or married filing separately	**2**	$
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: • $1,750 if you're single or head of household. • $1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • $2,800 if you're married 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 possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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