



Mail completed form to: or Visit Client Services
 30-30 47th Avenue, 10th Floor 340 Jay Street
 Long Island City, NY 11101 Brooklyn, NY 11201-3724
 www.nycers.org (347) 643-3000

Federal Income Tax Withholding Change -- W-4P

[Print clearly in CAPITAL letters. See reverse for information and instructions.]

[Choose your tax-withholding option below. Place an X or a number in the box(es) to indicate your choice(s).]

DO NOT WITHHOLD TAX

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[Complete this section if you do not want NYCERS to withhold any Federal income tax from your pension payments. If you check this box, DO NOT COMPLETE Section 3 or 4 below.]

WITHHOLD TAX BASED ON EXEMPTIONS

3 **NUMBER OF ALLOWANCES (REQUIRED)**

MARITAL STATUS (REQUIRED)

4 **ADDITIONAL AMOUNT (OPTIONAL)**

[Enter total number of allowances (exemptions) and your marital status. If you would like to withhold an additional amount, enter the amount in Section 4.]

[If you enter an amount here, you must also complete Section 3 above.]

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this _____ day of 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

