



New York City Police Pension Fund "Serving the Finest"

Office use only

2017 Withholding Certificate (W-4P)

Member Information:

First Name: _____ Last Name: _____

Tax No.: _____ Pension No.: _____ Contact No.: () - _____

W-4P Overview:

- The 2017 IRS W-4P Withholding Certificate below is used to inform the New York City Police Pension Fund (NYCPPF) that you would like to change how federal income taxes are withheld from the pension you are receiving.
- Submitting this form is optional. If submitted, it will replace your current federal tax withholding method. If you do not wish to change how federal taxes are withheld from your pension, do not submit the 2017 W-4P Certificate.
- The complete W-4P is located at www.irs.gov under "Forms and Publications" and click on "W-4". The complete W-4P form can help you fill out the W-4P Certificate as it provides three worksheets: 1) one helps you determine how many allowances to claim; 2) one is for households that itemize deductions; and 3) one is for households with more than one pension or source of income.

W-4P Certificate Instructions:

- Print your full name and address in the spaces indicated. Provide your Social Security Number and include your Pension Number directly below your Social Security Number. Carefully follow the directions on the certificate for Line 1, Line 2, and Line 3, as applicable. If you check Line 1 (no withholding tax), you will be liable for any and all taxes due. If you use Line 2 (withhold by number of allowances), make sure to also indicate marital status.
- Sign and date the W-4P Certificate. Keep a completed copy of this form for your records. An original copy should be mailed to the New York City Police Pension Fund, Attention: Pension Payroll, 233 Broadway, 25th Floor New York, New York 10279.
- For questions regarding this form, please contact Pension Payroll at (212) 693-6888. For questions regarding personal income taxes, please contact the IRS directly at (800) 829-1040, extension 2.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments ► For Privacy Act and Paperwork Reduction Act Notice, see page 4.	OMB No. 1545-0074 2017
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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. (Do not complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you are 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 cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$ _____

Your signature ► _____ Date ► _____