

**HOFFMAN ESTATES FIREFIGHTERS' PENSION FUND
APPLICATION FOR DISABILITY BENEFITS**

Name: _____

Address: _____

E-mail: _____

D/O/B: _____

Date of Probationary Appointment: _____

Date of Regular Appointment: _____

Current Rank: _____

I hereby make application for the following type(s) of disability pension (please check all that apply):

- _____ Line of duty disability (40 ILCS 5/4-110)
- _____ Not on duty disability (40 ILCS 5/4-111)
- _____ Occupation disease disability (40 ILCS 5/4-110.1)

Date removed from payroll: _____

Date last worked: _____

Current Pay Status (none, full salary/PEDA, TTD): _____

INFORMATION CONCERNING INJURY/CONDITION

Date of sickness/accident/injury: _____

Locations of event: _____

Please describe, in detail, the nature of your disability/illness/condition. Please include a narrative/chronology of events which lead to the onset of your condition as well as a description & chronology of your symptoms (Feel free to attach additional sheet of paper):

Please list any and all witnesses to your injury that has given rise to your disability. Be sure to include contact information for each:

MEDICAL TREATMENT/EVALUATION

Under the Illinois Pension Code, you are required to be evaluated by three (3) examining physicians. *See*, 40 ILCS 5/4-112. In order to facilitate these examinations, the Fund must obtain your medical records from all health care providers who have treated you for your disability. Thus, we kindly request that you provide us with detailed and accurate information concerning your medical history. This information, coupled with your execution of the Board's medical authorization(s) will assist in our procurement of your medical records. Please note that only until the Board has obtained a complete copy of your records can it proceed with the adjudication of this application.

Please list any/all physician(s) or health care provider(s) who have examined or treated you regarding this disability (feel free to attach separate list, if necessary):

NAME ADDRESS/PHONE DATE(S) OF EXAMINATION

Please list your personal physician(s) or other health care provider(s):

NAME ADDRESS/PHONE DATE(S) OF EXAMINATION

Please list any special treatment(s) (including surgeries) that you have had in regard to this disability.

TREATMENT/SURGERY DATE TREATING PHYSICIAN

Have you had physical therapy with regard to your disability? Yes [] / No []

If yes, please list the name of your physical therapist(s), and the date(s) of service:

NAME ADDRESS/PHONE DATE(S) OF THERAPY

Have you had a functional capacity evaluation (FCE)? Yes [] / No []

Have you undergone an MRI? Yes [] / No []

Were X-Ray(s) taken? Yes [] / No []

Have you undergone any other sort of specialized examination with regard to this disability? Yes [] / No []

If yes, please list the name of the facility, address and phone number where you were tested and the date of evaluation.

<u>NAME</u>	<u>ADDRESS/PHONE</u>	<u>DATE(S)/TYPE OF EVALUATION(S)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OUTSIDE EMPLOYMENT

If you became employed by the Hoffman Estates Fire Department within the last five (5) years, please list the names and addresses of your previous employer(s) for the three (3) years prior to beginning fire service with Hoffman Estates:

<u>NAME</u>	<u>ADDRESS/PHONE</u>	<u>JOB DESCRIPTION</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you maintained employment outside of your employment with the Fire Department immediately before or after the event(s) causing or contributing to your disability? Yes [] / No []

If yes, please provide all pertinent information concerning each outside employer. Be sure to include the employer's contact information and a description of your job duties for each (feel free to attach additional sheets if necessary):

Have you ever suffered any injury related to your outside employment that caused or contributed to your disability? Yes [] / No []

If yes, please describe the incident or injury, including a chronology of events which lead to the injury as well as a list of any treatment you received in response to the injury (feel free to attach additional sheets if necessary):

WORKER'S COMPENSATION

Have you filed a worker's compensation claim in connection with your current disability? Yes [] / No []

If yes, please provide the date(s) of filing and case number(s):

LEGAL REPRESENTATION IN THIS CLAIM

Do you have an attorney representing you in your disability application?
Yes [] / No []

If yes, please provide the attorney's contact information (including website/e-mail address)

I, _____, hereby certify that the information contained herein is accurate & complete to the best of my recollection.

In support of this application, I fully consent to the release of the following to the Board of Trustees of the Hoffman Estates Fire Pension Fund and its attorneys: (1) any and all medical records prepared during the physical examination I was required to undergo for employment with the Hoffman Estates Fire Department or application with the Hoffman Estates Fire Department; (2) any examination by physician(s) or physical therapist(s) I listed above; (3) any medical test results or examination by any physician or physical therapist which is relevant to the application I am making; (4) any relevant employment records from the Hoffman Estates Fire Department or any employer I have listed above; (5) any and all relevant records relating to any worker's compensation claims that I have filed; and (6) any other additional relevant records from any source that may be relevant to this application.

I also understand that I must complete and sign an authorization for release of health information which is attached to this application and that a photocopy of the authorization shall be as effective as the original.

Furthermore, I hereby agree to fully cooperate with the Pension Board's scheduling of my independent medical examinations & hearing on this claim. Should I need to reschedule any given examination, I hereby agree to notify the Pension Board's attorney at least five (5) business days prior to the date of my scheduled examination. Should I fail to provide such timely notice, I hereby agree to personally assume all cost(s) associated with such cancellation.

I hereby ____ consent / ____ do not consent (mark one) to the Pension Board and/or its legal counsel's utilization of my e-mail address listed on page one of this application for purposes of providing me with notice of intended action and updating me as to the status of my claim.

Social Security Number

Signature of Applicant

Address

Print Name

City, State & Zip Code

Telephone

Date

Date of Birth

State of Illinois)
) SS
County of _____)

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I, _____ (hereinafter referred to as the “Undersigned”), hereby provides the following consent:

1. That the Board of Trustees of the Hoffman Estates Firefighters’ Pension Fund and/or its attorneys, Puchalski Goodloe Marzullo, LLP, be permitted to examine and obtain copies of any and all of the Undersigned’s records, including but not limited to, the following: hospitals, doctors, psychiatrists, psychologists and medical records from any medical provider of every sort and kind; records of interviews with doctors, psychiatrists, psychologists; records of examinations, diagnosis, care treatment and opinions, village personnel files and other employment files and workmen’s compensation files.
2. That said disclosure be made to the above-referenced Pension Board and/or its attorney are pursuant to the Undersigned’s application for disability pension benefits filed with the Pension Board.
3. That the Undersigned fully acknowledges that said disclosure of the records herein are necessary in order to provide the Pension Board with adequate knowledge of the Undersigned’s medical history as the same may relate to his or her application for disability pension benefits.
4. The Undersigned acknowledges that his or her refusal to consent to the disclosure of his or her medical records as provided herein may be deemed by the Pension Board to constitute a failure of cooperation by the Undersigned and may further result in the Pension Board being inadequately informed respecting the Undersigned’s medical history and therefore unable to render a proper determination concerning the Applicant’s application for disability pension benefits.
5. **The Undersigned acknowledges that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.**

With respect to medical records or documentation pertaining to psychological or mental injuries or illnesses, alcohol/substance abuse, or human immunodeficiency virus (HIV) and or AIDS, the following paragraphs shall pertain:

- A. That the Undersigned specifically consents to release of the aforementioned records
- B. That this Consent and Medical Authorization shall continue in full force and effect through and inclusive of _____.
- C. That the Undersigned retains the right to revoke this consent at any time upon written notification provided to the attention of the Pension Board and its attorney, return receipt required. That neither the Pension Board nor its attorney shall assume any responsibility concerning any revocation of this authorization or any disclosures made hereunder until each has been personally served with said statement of revocation from the undersigned.

I am willing that a Photostat of this authorization be accepted with the same authority as the original.

Dated this _____ day of _____, 20____.

Signature

Print Name

Date of Birth

Address

Social Security Number

City/State/Zip Code

*The Undersigned acknowledges that the Illinois Mental Health Confidentiality Act (740 ILCS 110/1, et seq.), provides for certain limitations respecting the duration of the Consent (A above), and provides the undersigned with the authority to revoke said consent at any time (B above). The Undersigned acknowledges that the constraints herein, imposed by the Illinois Health Confidentiality Act, shall be limited solely to the disclosure of those documents defined under said statute (740 ILCS 110/1, et seq.). These limitations shall have no application to the disclosure of any medical records or other documentations that fall outside the scope of said statute or other restrictive laws.

DUTY DISABILITY / OCCUPATIONAL DISEASE Pension Benefit (Tier 1 and Tier 2)

Information Request Form - Page 1 of 2

In order to complete the Benefit Calculation Worksheet, please provide the following information:

Pension Fund Name:			
Pensioner Name:			
Home Address: # & Street			
City, State, Zip			
Daytime Phone	() -	Email Address:	
Date of Birth:		Hire Date:	
		Soc Sec Number:	- -
CREDITABLE SERVICE			
	A. Date of Injury		
	B. Last day paid as active employee		
	C. Last day paid on PEDAs (usually 1 year after "B" & contributions to pension fund stop at this time)		
	D. Effective date of disability pension (this is usually one day after "C")		
	Dates of any unpaid breaks in service unrelated to this disability:		
	Type of Benefit: ___ Duty Disability ___ Occupational Disease Disability		
	Was this disability a result of cancer? ___ Yes ___ No		
ANNUAL PENSIONABLE SALARY			
	Base Salary		
	Longevity		
	Education*		
	Holiday*		
	Other (list type):*		
	TOTAL:		
	* If pensionable		
Rank held on last day of service:			
MARITAL / DEPENDENT INFORMATION			
Marital Status:	___ Single ___ Married	Date of Marriage:	
	Name	Date of Birth	Social Security #
Spouse (if applicable)			- - Handicapped? Circle Y/N
Dependent *			- - Y / N
Dependent *			- - Y / N
Dependent *			- - Y / N
Dependent *			- - Y / N
* List dependent if under age 18 or legally physically or mentally handicapped			
By signing below, I certify that the information above is accurate to the best of my knowledge:			
Signature of Member to Receive Pension:		Date:	
Signature of Pension Fund Board Trustee:		Date:	

DUTY DISABILITY / OCCUPATIONAL DISEASE Pension Benefit (Tier 1 and Tier 2)

Information Request Form - Page 2 of 2

In order to complete the Benefit Calculation Worksheet, please provide the following information:

Pension Fund Name:			
Pensioner Name:			
PEDA Information			
Is the member receiving PEDA benefits? (Please select <u>one</u>):			
<input type="checkbox"/> Member has not and will not receive PEDA benefits			
	Check Date	Pay Period Begin	Pay Period End
<input type="checkbox"/> Not yet, but PEDA will begin on:			
<input type="checkbox"/> Yes, currently receiving PEDA, an anticipated end date of:			
<input type="checkbox"/> No, final PEDA check information:			
WORKERS COMP / TTD Information			
Did the member receive Workers Comp / TTD after PEDA benefis ended (Please select <u>one</u>):			
<input type="checkbox"/> Member has not and will not receive Workers Comp / TTD benefits			
	Check Date	Pay Period Begin	Pay Period End
<input type="checkbox"/> Not yet, but WC/TTD will begin on:			
<input type="checkbox"/> Yes, currently receiving WC/TTD	<i>Please provide a copy of the TTD Payment Report from your Workers Comp provider</i>		
<input type="checkbox"/> No, final PEDA check information:	<i>Please provide a copy of the TTD Payment Report from your Workers Comp provider</i>		
By signing below, I certify that the information above is accurate to the best of my knowledge:			
Name of Municipal or District Representative:		Phone No	
Signature of Municipal or District Representative:		Date	
Email Address:		Title	

PENSION BENEFIT DIRECT DEPOSIT FORM

Pension Fund Name:							
Pensioner Name:							
Social Security Number:		XXX - XX -		Daytime Phone		()	
Please check the status that applies to the information you are providing:							
New:		Change:				Cancel this account:	
Bank Name:				City & State:			
* ABA / Routing Number (9 digits):				Account Number:			
Account Type:				Checking:		Savings:	
Amount of Deposit:		100% / remainder		OR		Flat Amount of:	
IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:							
Please check the status that applies to the information you are providing:							
New:		Change:				Cancel this account:	
Bank Name:				City & State:			
* ABA / Routing Number (9 digits):				Account Number:			
Account Type:				Checking:		Savings:	
Amount of Deposit:		100% / remainder		OR		Flat Amount of:	
IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:							
Please check the status that applies to the information you are providing:							
New:		Change:				Cancel this account:	
Bank Name:				City & State:			
* ABA / Routing Number (9 digits):				Account Number:			
Account Type:				Checking:		Savings:	
Amount of Deposit:		100% / remainder		OR		Flat Amount of:	
* To verify the Bank ABA Rounting Number, please forward a copy of a voided/blank check with this form.							
I hereby authorize Lauterbach & Amen, LLP, as agents of the above-referenced Pension Fund, to deposit my pension benefits directly into the bank account of my choice as specified above. I understand that a pay slip will be provided to me each pay period for my records. <i>(Should there be a delay in the mail, please understand this slip is simply provided for my records and is independent of the posting of the deposit to my bank account(s).)</i> I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me of its termination or change.							
Signature:						Date:	

FOR OFFICE USE ONLY:

If full cancellation of Direct Deposit is requested, Pension Fund Trustee Approval Required:			
Trustee Name		Title:	
Trustee Signature:		Date:	

Withholding Certificate for
 Pension or Annuity Payments

2016

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 payments to U.S. citizens 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 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2016.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not 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.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: }

- You are single and have only one pension; or
- You are married, 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) is \$1,500 or less.
 **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less "1"** if you have two to four eligible children or **less "2"** if you have five or more eligible children.
- If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **F** _____

G Add lines A through F and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ^a **G** _____

For accuracy, **complete all worksheets that apply.** }

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

Withholding Certificate for
 Pension or Annuity Payments

2016

^a For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		PENSION FUND NAME
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.) ^a

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.) ^a _____

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.) ^a \$ _____

Your signature → Date → Phone Number →

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2016 income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you 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: Complete *only* if the instructions under line G, page 1, 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 line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments 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 are married filing jointly and the amount from the highest paying pension or job is \$65,000 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 pay periods remaining in 2016. For example, divide by 12 if you are paid every month and you complete this form in December 2015. 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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2016. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

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. Get Form 1040-ES and Pub. 505 at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 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 delivered outside the United States or its commonwealths and 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 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

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* on page 4.

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. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not 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 Outside the United States* on page 4.

Caution: If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are 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 cannot use Form W-4P because they are 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 deferred compensation plans described in section 457 of tax-exempt organizations. 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 nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **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. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot 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 does not contain your correct SSN, the payer cannot 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) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer will not 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 qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

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, are not 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 have 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 rate set by law (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 Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld 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*, 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 are 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 15 of next year.

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 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 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). 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 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.