

# New England Teamsters & Trucking Industry Pension Fund

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## FEDERAL WITHHOLDING TAX REQUIREMENT FROM MONTHLY PENSION CHECK

TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) requires the Fund Office to withhold the applicable amount of tax from your monthly pension unless you instruct the Fund in writing otherwise.

Under the law, you have the following choices:

(Please sign, date and return Form W-4P below for either Choice A or B.)

- A. Reject the withholding – check the box in Line 1. (If you are a Massachusetts resident, rejection of Federal Withholding will automatically mean rejection of State Withholding.)
- B. Control the amount of withholding tax by entering your marital status and number of allowances in Line 2.  
If you want additional tax withheld, enter an exact dollar amount in Line 3.

If you do not return the form, we will automatically use the applicable IRS table for married taxpayers with three allowances. (Deduction on benefits less than \$1,500 per month will be zero under the present IRS table.) If you are a Massachusetts resident, separate instructions regarding State tax withholdings are enclosed.

Below is Form W-4P. If you want more detailed information, we recommend that you go to the local IRS office and ask for a complete copy.

Revised 02/2019

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(Please cut here when returning Form W-4P below.)

Form <b>W-4P</b> <small>Department of the Treasury Internal Revenue Service</small>	Withholding Certificate for Pension or Annuity Payments <small>► For Privacy Act and Paperwork Reduction Act Notice, see page 4.</small>	OMB No. 1545-0074
		2019
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 ► \_\_\_\_\_