



Form **W-4P**

Federal Withholding Certificate for Pension or Annuity Payments

Type or print your full name

Your Social Security Number

Home Address

City, State and Zip Code

Complete the following applicable lines:

- 1. Check here if you **do not want** Federal income tax withheld from your pension or annuity →
- 2. Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment.
 Marital status: Single Married
 (You may also designate an additional dollar amount on line 3.) → _____
- 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 →

Form **WH-4P**

**STATE OF INDIANA
Annuitant's Request
For State Income Tax Withholding**

Type or print your full name

Your Social Security Number

Home Address

City, State and Zip Code

A. Enter the amount to be withheld from each annuity or pension payment A. \$ _____

I request voluntary income tax withholding from my annuity or pension payments.

Signature of annuitant

Date