



**CENTRAL STATES  
SOUTHEAST AND  
SOUTHWEST AREAS  
HEALTH AND WELFARE AND PENSION FUNDS**

**Only complete this form if you wish to update or change the federal tax withheld from your pension.**

Dear Pensioner:

The Tax Equity and Fiscal Responsibility Act requires us to inform all pensioners of their option to have federal income taxes withheld from their pension benefits. You are responsible for the amount of federal taxes withheld from your pension benefit. You may change your tax withholding election as often as you like, provided you do so in writing. Your election will stay in effect until you change it or revoke it. If you have any questions regarding your tax withholding, please consult your tax professional or obtain a complete Form W-4P from the IRS for additional worksheets and instructions.

Payments delivered outside the U.S. or its possessions require special handling. Please contact our office at the address shown below for additional information if this applies to you.

Very Truly Yours,

Central States Pension Fund

If you wish to change your tax withholding election, please complete this section and return this letter to the following address:

**Central States Pension Fund  
PO Box 5113  
Des Plaines, IL 60017-5113**

Form <b>W-4P</b> Department of the Treasury Internal Revenue Service	<b>Withholding Certificate for Pension or Annuity Payments</b>	OMB No. 1545-0415
Type or print your full name	Your social security number : : :	Claim or identification number (if any) of your pension or annuity contract  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">N/A</div>
Home address (number and street or rural route)	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 lines 2 or 3.) . . . . .
  
- 2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . 

(Enter number of allowances)

Marital status:     Single     Married     Married, but withhold at higher "Single" rate
  
- 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.) . . . . .  \$
 

(No pennies)

**Your Signature** ▶ \_\_\_\_\_ **Date** ▶ \_\_\_\_\_

**\*\*\*INSTRUCTIONS FOR COMPLETING FORM W-4P\*\*\***

**TO ELECT NOT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT:**

1. PRINT YOUR NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.
2. CHECK THE BOX IN LINE 1.
3. SIGN AND DATE THE ELECTION AND RETURN TO CENTRAL STATES.

**TO ELECT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT (BASED ON IRS TAX TABLES):**

1. PRINT YOUR NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.
2. CHECK ONE OF THE MARITAL STATUS OPTIONS AND COMPLETE THE NUMBER OF ALLOWANCES SECTION IN LINE 2.
3. YOU CAN DESIGNATE TO HAVE AN AMOUNT WITHHELD, IN ADDITION TO THE TAX TABLE AMOUNT, ON LINE 3.
4. SIGN AND DATE THE ELECTION AND RETURN TO CENTRAL STATES.

**\*\*\*Please note that the IRS does not allow for a specific (“flat”) amount to be withheld.** Therefore, tax withholding must be based on your marital status and number of allowances plus any additional amounts you wish to have withheld. If you need additional assistance or have any questions regarding Form W-4P, please consult your tax professional or see IRS Form W-4P for complete withholding instructions on pensions.