Office of the New York State Comptroller

NYSLRS

New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

**Please type or print clearly in blue or black ink**

**Received Date**

# FORM W-4P
# Withholding Certificate For Pension or Annuity Payments

**RS 4531**
(Rev. 3/19)

**NYSLRS ID**

**Social Security Number** ___-___-____

**Retirement System [check one]**

Employees' Retirement System (ERS) ☐

Police and Fire' Retirement System (PFRS) ☐

**PLEASE PRINT CLEARLY USING CAPITAL LETTERS, USE ONLY BLUE OR BLACK INK, STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS**

Retirement Number (if known)

Registration Number (if known)

Last Name

First Name

M.I.

Street Address 1

Street Address 2

City

State

Zip Code

**Complete as applicable below, please sign and date where indicated, form is not valid unless signed.**

**Section 1**

I DO NOT want to have Federal Income Tax withheld from my monthly benefit. ☐

(**DO NOT** complete section 2 or 3)

**-OR-**

**Section 2**

I want to have Federal Income Tax calculated and withheld using the Federal Tax Withholding Tables

Marital Status (Check one): Single/Widow(er) ☐ Married ☐ Married, but withhold at higher Single rate ☐

Total number of allowances (exemptions) I wish to claim ☐☐ (example for 3 exemptions) 0 3

(**DO NOT** complete section 1; Section 3 is optional)

**Section 3**

Please withhold an additional amount of $ ☐☐ , ☐☐☐ . ☐☐ each month.

(**DO NOT** complete section 1; **MUST** complete Section 2; **you may not enter an amount here without completing Section 2**)

**Mail completed form to address above Attention Tax Unit Mail Drop 4-2**

Signature_____

Date _____

**Personal Privacy Protection Law**

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

***Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.