

2019 Form W-4P

Department of the Treasury
Internal Revenue Service



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).

Contact the Oregon Department of Revenue in Salem at 503-378-4988 or <http://www.oregon.gov/DOR/pages/index.aspx> for questions regarding Oregon state tax.

Print and sign this form. Form W-4P is not valid unless you sign and date each part of the form you complete. Incomplete forms will be returned.

Mail to: PERS, PO Box 23700, Tigard, OR 97281-3700 or fax to 503-598-0561.

1. Is this a new withholding or a change to an existing withholding? (Select one.) <input type="checkbox"/> New withholding (Complete Parts A and B) <input type="checkbox"/> Change to existing withholding	2. Are you an Oregon resident? (Select one.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete Part B, line 1 if you want no Oregon tax withheld.)
3. Account type (Select all that apply for this withholding). To indicate different withholdings for each account, complete a separate form W-4P for each account. <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP installments of 10 years or longer <input type="checkbox"/> OPSRP Alternate payee <input type="checkbox"/> OPSRP Beneficiary <input type="checkbox"/> OPSRP Disability	

Form W-4P Part A	Federal Tax Withholding Certificate for Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see instructions page 5.	OMB No. 1545-0074 2019
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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 (optional)
City or town, state, and ZIP code		N/A

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 also may designate an additional dollar amount on line 3.)
Marital status: Single Married Married, but withhold at a 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.) \$
The amount you enter on line 3 will be deducted in addition to the amount deducted based on the marital status and allowances entered on line 2.

Your signature ▶ _____ Date ▶ _____

Oregon state tax withholding will be based on Part A unless you complete Part B. Retirees who are not Oregon residents who do not want Oregon tax withheld should check the box on Line 1 in Part B.

Form W-4P Part B	Oregon State Tax Withholding Certificate for Pension or Annuity Payments For Privacy Act and Paperwork Reduction Act Notice, see instructions page 5.	2019
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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 (optional)
City or town, state, and ZIP code		N/A

Complete the following applicable lines.

1 Check here if you **do not want any** state 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 also may designate an additional dollar amount on line 3.)
Marital status: Single Married Married, but withhold at a 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.) \$
The amount you enter on line 3 will be deducted in addition to the amount deducted based on the marital status and allowances entered on line 2.

Your signature ▶ _____ Date ▶ _____