

COMPLETE FOR FEDERAL TAX WITHHOLDING

Form **W-4P**

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0415

Department of the Treasury
Internal Revenue Service

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

2017

Type or print your full 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	LABORERS PENSION PLAN EIN 94-6277608

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 may also 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 ▶ _____

COMPLETE FOR STATE TAX WITHHOLDING



Withholding Certificate for Pension or Annuity Payments

DE 4P

Type or Print Your Full 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	LABORERS PENSION PLAN EIN 94-6277608

Complete the following applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
 - a. Number of allowances you are claiming from the Regular Withholding Allowances Worksheet A ▶ 1 _____
 - b. Number of allowances from the Estimated Deductions Worksheet B ▶ 2 _____ SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD
3. I want the following **additional** amount withheld from each pension or annuity payment. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances on line 2 above ▶ \$ _____
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) .. ▶ \$ _____

Your Signature ▶ _____

Date ▶ _____

**COMPLETE, SIGN AND RETURN CERTIFICATE TO:
LABORERS PENSION TRUST FUND
220 CAMPUS LANE
FAIRFIELD, CA 94534**