COMPLETE FOR FEDERAL TAX WITHHOLDING

Form W-4P

Withholding Certificate for **Pension or Annuity Payments**

OMB No. 1545-0415

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ntemal Revenue Service Type or print your full na	▶ For Privacy Act and Paperwork Reduction Act Notice, see page	ge 4.	ZUZ +	
ype or print your run in	ame	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 i		LABORERS PENSION PLAN EIN 94-6277608		
Complete the follow	ing applicable lines:	,		
<u>-</u>	do not want any Federal income tax withheld from your pension or ann	· ·	e 2 or 3.) 🕨 🗌	
annuity payment.	Illowances and marital status you are claiming for withholding from each (You may also designate an additional dollar amount on line 3.)		(Enter number	
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Your signature >		Date ▶		
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COMPLETE, SIGN AND RETURN CERTIFICATE TO: **LABORERS PENSION TRUST FUND 5672 STONERIDGE DRIVE, SUITE 100** PLEASANTON, CA 94588