

FPPA

Fire & Police Pension Association
5290 DTC Parkway
Greenwood Village, Colorado 80111
(303) 770-3772 or toll free (800) 332-3772
fax (303) 771-7622 • www.FPPAco.org

FEDERAL / STATE
Withholding Certificate for
Pension or Annuity Payments

Form W-4P
Monthly Pension
Distributions

▲ Type or print your full name	XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
▲ Address	▲ Your social security number (last 4 digits only)
▲ City or town, state, and ZIP code	▲ Area code and telephone number
	▲ Email Address

DIRECTIONS: Select **ONLY ONE** of the options listed below and complete **all** of the information requested in that option.

Questions about completing this form?

Call **Retiree Payroll** ext. 6200
(303) 770-3772 in the Denver Metro area
(800) 332-3772 toll free nationwide

Return completed form to FPPA:

By mail at the address above,
or by email to **RetireePayroll@FPPAco.org**
or FAX to (303) 771-7622.

APPLICABLE BENEFIT ACCOUNT(S)

If you receive more than one monthly pension benefit, please indicated which benefit account to apply this Tax Withholding change:

N/A All Accounts One Account Plan _____ Last Employer _____

OPTION A
 I elect to have **NO STATE OR FEDERAL TAXES WITHHELD.**

OPTION B
 I elect to have the following amount withheld for **FEDERAL TAX** each month
\$ _____ (Please enter a dollar amount. Percentages cannot be accepted.)
I elect to have the following amount withheld for **COLORADO STATE TAX** each month
\$ _____ (Please enter a dollar amount. Percentages cannot be accepted.)

OPTION C
 I elect to have my monthly tax withholding figured using the number of allowances and the marital status shown below.

FEDERAL TAX	COLORADO STATE TAX
<ul style="list-style-type: none"> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.) 	<ul style="list-style-type: none"> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.)
<input type="checkbox"/> Do not withhold.	<input type="checkbox"/> Do not withhold.

Signature of Pensioner or Legal Representative

_____/_____/_____
Date



W-4P MPD 5.17

For office use only