

FPPA

Fire & Police Pension Association
5290 DTC Parkway • Suite 100
Greenwood Village, Colorado 80111
FPPAco.org

FEDERAL / STATE
Withholding Certificate for
Pension or Annuity Payments

Form W-4P
Monthly Pension
Distributions

LAST NAME (please print)		FIRST NAME	MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	

- **Instructions:** Select **ONLY ONE** of the options listed below and complete **all** of the information requested in that option.
- **Power of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy* of the power of attorney documents before this form can be processed. For further information contact FPPA.
*A copy that is compared to the original document and attested to by a notary.
- **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 _____

Select Only ONE of These Options	<input type="checkbox"/> Option A	I elect to have <u>NO STATE OR FEDERAL TAXES WITHHELD.</u>	
	<input type="checkbox"/> Option B	FEDERAL TAX I elect to have the following amount withheld for FEDERAL TAX each month \$ _____ <i>(Dollar amount only. No percentages.)</i>	COLORADO STATE TAX I elect to have the following amount withheld for COLORADO STATE TAX each month \$ _____ <i>(Dollar amount only. No percentages.)</i>
	<input type="checkbox"/> Option C	I elect to have my monthly tax withholding figured using the number of allowances and the marital status shown below.	
		FEDERAL TAX • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ <i>(Dollar amount only. No percentages.)</i>	COLORADO STATE TAX • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ <i>(Dollar amount only. No percentages.)</i>
		<input type="checkbox"/> Do not withhold.	<input type="checkbox"/> Do not withhold.

If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

_____/_____/_____
Signature of Retiree or Power of Attorney Date



For office use only