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

☐ **Option A**

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

☐ **Option B**

FEDERAL TAX

I elect to have the following amount withheld for

FEDERAL TAX each month $_____

(Dollar amount only. No percentages.)

COLORADO STATE TAX

I elect to have the following amount withheld for

COLORADO STATE TAX each month $_____

(Dollar amount only. No percentages.)

☐ **Option C**

I elect to have my monthly tax withholding calculated using the designations indicated below.

FEDERAL TAX

- Marital Status ☐ Married ☐ Single
- Total number of allowances _____
- Additional Amount (optional)

$_____

(Dollar amount only. No percentages.)

☐ Do not withhold.

COLORADO STATE TAX

- Marital Status ☐ Married ☐ Single
- Additional Amount (optional)

$_____

(Dollar amount only. No percentages.)

☐ 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*

W-4P MPD 2-11-21

For office use only