

TAX FORM



CITY OF ATLANTA PENSION CENTER

2472 Jett Ferry Rd, Ste 400-410

Atlanta, GA 30338

Phone: (888) 594-0216

Fax: (866) 201-5033

PARTICIPANT INFORMATION

Pension Plan:

- Board of Education
- Fire
- General Employees
- Police

Full Name: _____

SSN: _____

Street Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

FEDERAL WITHHOLDING

1	<input type="checkbox"/> Check here if you do not want any federal income tax withheld from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here if you want federal tax withheld from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.) For help determining your allowances, complete the Personal Allowances Worksheet found on page 4 of IRS Form W-4P .	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher single rate	_____ (# of allowances)
3	<input type="checkbox"/> Check here if you want an additional amount withheld from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

STATE WITHHOLDING

0	Please indicate your state of residence.		_____
1	<input type="checkbox"/> Check here if you do not want any state income tax withheld from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here if you want state tax withheld from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.) For help determining your allowances, complete the Personal Allowances Worksheet found on the Withholding Certificate for Pension or Annuity Payments for the state in which you reside.	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Head of Household	_____ (# of allowances)
3	<input type="checkbox"/> Check here if you want an additional amount withheld from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

Signature _____

Date _____