



STATE INCOME TAX Substitute Form G-4P
Withholding Certificate for Pension or Annuity Payment

SECTION 1 - RETIREE INFORMATION

PENSION PLAN (Choose One)

Board of Education

General Employees

Fire

Police

Name: _____ Full SSN: _____
(Last) (First) (MI)

Daytime Phone Number: _____ Email Address: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

SECTION 2 - FILING STATUS AND EXEMPTIONS

INSTRUCTIONS: Indicate your filing status and number of exemptions.

All retirees age 62 and older and those retirees totally and permanently disabled (as defined by provisions in the applicable state income tax regulations) **may be eligible for additional tax exemptions**. Contact your state's Department of Revenue or consult a tax adviser for further information and for any specific questions regarding the withholding of State Income tax.

Caution: Having no tax withheld or failure to have enough tax withheld, may result in your being responsible for payment of estimated taxes. Penalties may incur if the tax withheld and estimated tax payments are not sufficient to cover your tax liability. Consult your state's Department of Revenue or a tax adviser to determine if the penalties for underpayment apply to you.

FILING STATUS: Single Head of Household Married Filing Separate
Married Filing Jointly: One Spouse Working Married Filing Jointly: Both Spouses Working

EXEMPTIONS: I claim _____ total dependents/exemptions/allowances **STATE:** _____

SECTION 3 - WITHHOLDING OPTIONS

INSTRUCTIONS: Please refer to the instructions on page 2 of this form, then choose all that apply from the list below.

Note: State Income Tax (in applicable states) will be withheld from any benefits you receive from this plan using minimum tax tables unless you elect NOT to have the tax withheld (#1 below).

1. Do **NOT** withhold State income tax from my monthly benefit. **(Proceed directly to Section 4. Lines 2 and 3 are not applicable if you elect Option 1)**
2. Withhold from each monthly benefit payment an amount to be figured using the filing status and the number of exemptions listed in Section 2 above.
3. Withhold the following additional amount from each monthly benefit payment: \$ _____.
NOTE: This option is ONLY available if you checked Line 2 above.

SECTION 4 - SIGNATURE

Signature _____ Date _____

STATE INCOME TAX
Withholding Certificate for Pension or Annuity
Payments

SECTION 3 INSTRUCTIONS

1. Choose this option if you do not want any tax withheld from your pension check.
2. Choose this option if you wish to withhold taxes based on your state's Department Revenue Service tax tables using the filing status and the number of exemptions you listed in Section 2 of Page 1.
3. Choose this option if you wish to have an additional specific dollar amount withheld
NOTE: Choose only if #2 is completed.

Your choice is effective until you complete a new form. For a change to be effective for a particular month, the request must be received by the 10th of the month. You may change your tax withholding election at any time.

WITHHOLDING ESTIMATORS

The two websites below provide tools that you may use to estimate the state tax to be withheld from your pension payment based on your tax table elections completed on the attached form. Please note that while these and other similar websites are available to assist you, neither the City of Atlanta nor Strategic Benefits Advisors, Inc. is responsible for these websites or the results that they produce.

paycheckcity.com/calculator/salary/georgia
adp.com/resources/tools/calculators/salary-paycheck-calculator.aspx

City of Atlanta Pension Center
2472 Jett Ferry Rd, Ste 400-410
Atlanta, GA 30338
Phone (888) 594-0216
Fax (866) 201-5033
coa.sba-inc.com