



**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 advisor 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 is responsible for these websites or the results that they produce.

[paycheckcity.com/calculator/salary/georgia](http://paycheckcity.com/calculator/salary/georgia)  
[adp.com/resources/tools/calculators/salary-paycheck-calculator.aspx](http://adp.com/resources/tools/calculators/salary-paycheck-calculator.aspx)

Pension Administrator - Strategic Benefits Advisors  
3567 Parkway Lane Suite 250  
Atlanta, GA 30092-5307  
Phone (888) 594-0216  
Fax (866) 201-5033  
coa.sba-inc.com