

FEDERAL W-4P

State of New Jersey
Department of the Treasury
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

RETIREMENT NUMBER: _____ **SOCIAL SECURITY NUMBER: XXX – XX – _____**
(List last 4 digits only)

NAME: _____

ADDRESS: _____

INSTRUCTIONS

- A. Verify that the Social Security number and mailing information above is correct.
- B. Please accurately and appropriately complete the form below.
- C. Sign and date the form on the line provided at the bottom.
- D. Detach and return to the address indicated above.

WITHHOLDING CHOICE

1. Check **only one** box.
 - A. **Do not withhold federal income tax on payments from my retirement system.** (If you check box A, skip 2 through 4 below. Then sign and date on the bottom of this form.)
****(U.S. citizens residing outside the United States cannot elect to be exempt from withholding on payments sent outside the United States. This would include payments received by U.S. banks and transferred overseas.)
 - B. **Withhold federal income tax on payments from my retirement system as calculated based on the marital status and allowances indicated below.** (If you check box B, complete 2 through 4 below. Then sign and date on the bottom of this form.)

MARITAL STATUS

Single Married

2. Check **only one** box. (Even if you are a widow or widower, you must select either "single" or "married.")

ALLOWANCES

3. Total number of allowances →

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OPTIONAL (Additional Deductions)

4. If you wish to have additional income tax withheld from each payment, enter amount here
This amount will be **in addition** to the calculated tax based on your marital status and the number of allowances indicated above. Please note that **a flat monthly deduction cannot be entered.**

	4.		

Your signature _____ Date _____