

**U.S. RAILROAD RETIREMENT BOARD**  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-2092

**GENERAL INSTRUCTIONS**

Part of your railroad retirement benefits may be subject to Federal income tax withholding. Use the form below to notify the Railroad Retirement Board (RRB) whether you want taxes withheld from your payments and how much to withhold. However, before you complete the form, be sure to read the booklet, TXB-25, *Tax Withholding and Railroad Retirement Payments*, which explains information needed to complete the form. Also be sure to read the important notices on page 9 of the booklet.

Carefully complete item 1, and items 3 through 11, as appropriate. [Return the completed form to the address shown above and write "Form RRB W-4P" on the front of the envelope.](#)

If you need help completing the form, contact the nearest office of the RRB or the Internal Revenue Service. If you have any questions about your tax obligation, contact the nearest office of the Internal Revenue Service.

**NOTE:** Each Form RRB W-4P received supersedes any previous RRB W-4P submitted.

WITHHOLDING CERTIFICATE FOR RAILROAD RETIREMENT PAYMENTS		
1. RRB CLAIM NUMBER	2. PAYEE CODE	6. Do you want Federal Income Tax withheld from your railroad retirement payment? <input type="checkbox"/> Yes → Go to item 7 <b>NOTES:</b> Answering "No" does not reduce the amount of taxes you may owe. → <input type="checkbox"/> No → Go to item 11 Citizens residing outside the United States may not elect "No."
3. YOUR SOCIAL SECURITY NUMBER		7. What is your marital status for tax withholding purposes? → <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, withhold at single rate
4. YOUR DAYTIME TELEPHONE NUMBER		8. How many tax withholding allowances do you want? → Number of allowances <input style="width: 50px;" type="text"/> <b>NOTE:</b> The more allowances you claim, the less tax will be withheld.
		9. In addition to the computed amount based on the answers to items 7 and 8, do you want an additional dollar amount withheld from each annuity payment? → <input type="checkbox"/> Yes → Go to item 10 <input type="checkbox"/> No → Go to item 11
5. NAME, ADDRESS, AND ZIP CODE		10. If you answered "Yes" in item 9, Show whole dollars only enter the <b>ADDITIONAL</b> amount you want withheld from each annuity payment here. → \$ _____ .00
		11. SIGNATURE AND DATE ( <i>This certificate must be signed to be valid</i> )