



New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Please type or print clearly in blue or black ink

Received Date box

FORM W-4P
Withholding Certificate For Pension or Annuity Payments

RS 4531 (Rev. 3/19)

NYSLRS ID box

Social Security Number box

Retirement System [check one]
Employees' Retirement System (ERS)
Police and Fire' Retirement System (PFRS)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS, USE ONLY BLUE OR BLACK INK, STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS

Retirement Number (if known)
Registration Number (if known)

Last Name First Name M.I.

Street Address 1

Street Address 2

City State Zip Code

Complete as applicable below, please sign and date where indicated, form is not valid unless signed.

Section 1

I DO NOT want to have Federal Income Tax withheld from my monthly benefit.
(DO NOT complete section 2 or 3)

-OR-

Section 2

I want to have Federal Income Tax calculated and withheld using the Federal Tax Withholding Tables
Marital Status (Check one): Single/Widow(er) Married Married, but withhold at higher Single rate
Total number of allowances (exemptions) I wish to claim (example for 3 exceptions) 0 3
(DO NOT complete section 1; Section 3 is optional)

Section 3

Please withhold an additional amount of \$ each month.
(DO NOT complete section 1; MUST complete Section 2; you may not enter an amount here without completing Section 2)

Mail completed form to address above Attention Tax Unit Mail Drop 4-2

Signature box

Date box

Personal Privacy Protection Law
The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits.

*Social Security Disclosure Requirement
In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law.

