Office of the New York State Comptroller  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	FORM W-4P Withholding Certificate For Pension or Annuity Payments RS 4531
NYSLRS ID	Social Security Number	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	on Number (if known)
Last Name First Name M.I.		
Street Address 1		
Street Address 2		
City	S	tate 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 want to have rederal income 1ax withheld from my monthly belief.)		
-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; MUST complete Section 2; you may not enter an amount here without completing Section 2)

each month.

(DO NOT complete section 1; Section 3 is optional)

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

Signature\_\_\_\_\_

Date \_\_\_\_\_

## **Personal Privacy Protection Law**

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

\*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. The number will be used in identifying retirement records and in the administration of the Retirement System.



