

FPPA

Fire & Police Pension Association
 5290 DTC Parkway
 Greenwood Village, Colorado 80111
 (303) 770-3772 or toll free (800) 332-3772
 www.FPPAco.org

FEDERAL / STATE
 Withholding Certificate for
 Pension or Annuity Payments

Form W-4P
 Monthly Pension
 Distributions

	XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
▲Type or print your full name	▲Your social security number (last 4 digits only)
▲Address	▲Area code and telephone number
▲City or town, state, and ZIP code	▲Email Address

DIRECTIONS Please select **ONLY ONE** of the options listed below.
 Please complete all of the information requested for the option you select.

OPTION A I elect to have **NO STATE OR FEDERAL TAXES WITHHELD.**

OPTION B I elect to have the following amount withheld for **FEDERAL TAX** each month

 \$ _____ (Please enter a dollar amount above. Percentage figures cannot be accepted.)

I elect to have the following amount withheld for **COLORADO STATE TAX** each month
 \$ _____ (Please enter a dollar amount above. Percentage figures cannot be accepted.)

OPTION C I elect to have my monthly tax withholding figured using the number of allowances and the marital status shown below.

FEDERAL TAX	COLORADO STATE TAX
<ul style="list-style-type: none"> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.) 	<ul style="list-style-type: none"> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Total number of allowances _____ • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.)
<input type="checkbox"/> Do not withhold.	<input type="checkbox"/> Do not withhold.

 Signature of Pensioner or Legal Representative

 Date

For office use only