

Bureau of Fire & Police Disability & Retirement
1800 SW First Ave., Suite 450, Portland OR 97201
(503) 823-6823; FAX (503) 823-5166; B236/450
fpdr@portlandoregon.gov

**WITHHOLDING CERTIFICATE
FOR PENSION PAYMENTS**
(In Lieu of Form W-4P)

NAME _____

ADDRESS _____

SOCIAL SECURITY # XXX-XX-
- LAST FOUR DIGITS _____

√ PLEASE CHECK **ONE** OF THE FOLLOWING FOR **FEDERAL TAX** WITHHOLDING

Do not withhold any tax from my pension payments.

Withhold based on:

Single, or I am claiming this number of exemptions (allowances):

Married _____.

I also want this additional amount withheld:

\$_____.

Withhold a flat amount per month of \$_____.

√ PLEASE CHECK **ONE** OF THE FOLLOWING FOR **OREGON STATE TAX** WITHHOLDING

Do not withhold any tax from my pension payments.

Withhold based on:

Single, or I am claiming this number of exemptions (allowances):

Married _____.

I also want this additional amount withheld:

\$_____.

Withhold a flat amount per month of \$_____.

Signature _____

Date _____

NOTE TO PENSIONERS: Your pension payments are subject to withholding taxes unless you specifically elect not to have withholding apply. If you choose to have FPDR withhold your taxes, you may change the arrangement at any time. You must make changes in writing on this form. Please allow 30 days for FPDR to make any change. If you do not know how many exemptions (allowances) to claim or how to withhold, please see your tax adviser, or you may request a copy of the IRS Form W-4P from the FPDR office. **IF YOU ARE NOT A RESIDENT OF THE STATE OF OREGON, YOU ARE NOT SUBJECT TO OREGON STATE TAX.**

Please print, sign and either mail, fax or scan and email form to FPDR.

OFFICE USE ONLY:

FED TAX BEFORE _____ AFTER _____

STATE TAX BEFORE _____ AFTER _____