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

WITHHOLDING CERTIFICATE FOR PENSION PAYMENTS

(In Lieu of Form W-4P)

NAME _____

ADDRESS _____

_____

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

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

☐ Do not withhold any tax from my pension payments.

☐ Withhold based on _____ Single _____ Married

I am claiming this number of exemptions (allowances): _____

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 _____ Married

I am claiming this number of exemptions (allowances): _____

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 the Fund 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 the Fund 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 Fund office. IF YOU ARE NOT A RESIDENT OF THE STATE OF OREGON, YOU ARE NOT SUBJECT TO OREGON STATE TAX.**

OFFICE USE ONLY:

FED TAX BEFORE _____ AFTER _____ STATE TAX BEFORE _____ AFTER _____