



American Federation of Musicians and Employers' Pension Fund

**FORM W-4P (SUBSTITUTE)
STATE WITHHOLDING ELECTION
FOR RECIPIENTS OF PERIODIC PAYMENTS**

Instructions: Please choose one of the following options for your State Income Tax withholding.

Option A _____ I elect not to have State Income Tax withheld from my pension payments. This option is not available if your permanent address is in Arkansas, California, Connecticut, District of Columbia, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, Oklahoma, Oregon, Vermont or Virginia where State Withholding is mandatory.

Option B _____ I elect to have State Income Tax withheld from my pension payments to be figured using the marital status and number of allowances indicated below.

Marital Status: Married _____ Single _____ Married, but withhold at higher, single rate _____.

Number of allowances: _____

Option C _____ I want the following additional amount withheld from each pension payment. NOTE: You cannot enter an amount here without entering your marital status and number of allowances in item B.

Additional amount to be withheld: \$ _____

Option D _____ I elect to have State Income Tax withheld from my pension payments at:

FLAT RATE of \$ _____

Even if you elect not to have State Income Tax withheld in those states where income tax is applicable other than the states listed in Option A above, you are liable for payment of State Income Taxes on the taxable portion of your pension. You also may be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax withholding, if any, are not adequate.

Print name: _____

Permanent address: _____

SSN: _____ Pension ID: _____

Your Signature: _____ Date: _____