Federal Income Tax Withholding Change Form 2020

Tampa Fire & Police Pension
3001 North Boulevard
Tampa, FL 33603-5516
(813) 274-8550 phone
(813) 274-7504 fax

This form is for recipients of pensions who wish to establish or change the amount of Federal income tax withheld from their pension payments. Use this form to indicate the correct amount of Federal income tax to withhold for your payment(s). You also may use this form to choose:

a. not to have any Federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions)
- or -
b. to have an additional amount of Federal income tax withheld.

If you need any assistance with making your selections below, you may contact the Internal Revenue Service at 1-800-829-1040 or Internal Revenue Service tax forms and instructions at 1-800-TAX-FORM, or refer to the IRS website at www.irs.gov.

Please fill this form out in its entirety and return it to the Tampa Fire & Police Pension Fund at the above address. Should you have any questions, please contact the pension office at 813-274-8550.

Name: _____ F&P# _____

Telephone # (_____) _____ - _____ SS# _____

Address: _____

City, State, Zip: _____

Withholding Certificate for Pension or Annuity Payments (2019 Form W-4P)

Please indicate your withholding selection by checking the appropriate box(es) below:

1. ☐ Do not withhold Federal income tax from my pension (Do not complete 2 or 3 if you select this option).

2. ☐ Withhold based on _____ number of exemptions using the following status (You may also enter a dollar amount in choice 3):

(Check only one) ☐ Single   ☐ Married   ☐ Married, but withhold at higher "Single" rate

3. ☐ In addition to the amount withheld based on my exemptions and filing status in choice 2, I would like to withhold $_____ per month.*
       *Note: You **cannot** enter an amount here without completing choice 2.

I have completed this form and represent that all information is true and accurate.

_____   _____
Signature   Date

For internal use only: Keyed M/F_____

Keyed S/S_____