

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

**W-4P WITHHOLDING ELECTION
 AND CERTIFICATE**

Please read the information on the reverse side and the instructions below before completing this form.

INSTRUCTIONS

Please print your full name, home address, EmplID, Social Security number, and phone number in the appropriate boxes. Use an "X" for check box indication.

If the address listed below is a change of your home address, check this box:

EmplID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address - Line 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mailing Address - Line 2 (if needed)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

						-				
--	--	--	--	--	--	---	--	--	--	--

Phone Number
 (

)

 -

COMPLETE ONLY ONE SECTION; SIGN AND DATE ON THE LINE BELOW

Section 1

I **DO NOT** want to have federal income tax withheld from my monthly benefit.

Do Not Complete Section 2 or 3

OR

Section 2

I want to have federal income tax withholding calculated using marital status and the number of exemptions claimed, **COMPLETE BOTH LINES A & B** in this section only. Complete Line C if applicable.

A. Marital Status (Check One): Married Single/widow(er)

B. Total Number of Exemptions Claimed:

C. Additional Amount to be Withheld Monthly (optional): \$

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Do Not Complete Section 1 or 3

OR

Section 3

I want to have withheld a specific dollar amount of federal income tax from my monthly benefit. Percentages cannot be accepted.

TOTAL Fixed Dollar Amount to be Withheld Monthly: \$

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Do Not Complete Section 1 or 2

Signature

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Date

		/			/				
Month			Day			Year			

Generally, the Retirement System should receive the *W-4P Withholding Election and Certificate* by the twelfth of the month that you want your withholding amount to change.

If your monthly benefit payment is currently being sent via Direct Deposit, the filing of the W-4P will not affect that process, just the amount transmitted into your account.

Any election you make will remain in effect until you change it. You may change your election at any time by using the "Tools" feature in your online MyNYSTRS account at NYSTRS.org or by requesting and filing another *W-4P Withholding Election and Certificate*.

If you do not submit a W-4P form, the System must withhold as if you are married claiming three withholding allowances.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your pension. Also, if you do not have sufficient federal income tax withheld, you may be responsible for payment of estimated taxes. It should be noted, you might incur penalties under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Any election you make should take into consideration all deductions that are being taken from your monthly payment. The specific amount chosen should not exceed the net amount of your monthly payment.

Please consult a tax expert or the Internal Revenue Service should you require additional information regarding your withholding election.