



MICHIGAN OFFICE OF RETIREMENT SERVICES

PO Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

Retirement or DROP Application – For State Police

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DAYTIME TELEPHONE
MAILING ADDRESS		DATE OF BIRTH
CITY, STATE, ZIP CODE		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
EMAIL ADDRESS		

Use this form to apply for a service retirement or the Deferred Retirement Option Plan (DROP) with the State Police Retirement System. Before completing each of the following sections, read through that section's instructions.

Section I: Retirement Information

I want to apply for: DROP – Complete Section II ONLY.
 Retirement – Complete sections III, IV, V, and VI.

As the result of a divorce, I have an acceptable Eligible Domestic Relations Order (EDRO) on file with the Michigan Office of Retirement Services (ORS), which divides my pension benefit. NO YES
(Any EDRO must be on file with ORS before your retirement effective date.)

Section II: DROP

To participate in the DROP, you must meet the following eligibility criteria:

- x Be actively employed and have 25 or more years of credited service under the State Police Retirement System.
- x File this DROP application form between 30 and 90 days before your retirement effective date, which is the date you cease being an active member of this retirement system and become a DROP participant.

DROP participation period:	Begin date: _____	End date: _____
	(Retirement effective date)	

Beneficiary designation for your DROP account. If you want to name someone other than your pension beneficiary to receive the balance of your DROP account at the time of your death, complete the following.

DROP ACCOUNT BENEFICIARY NAME	RELATIONSHIP TO MEMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS, CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER	BIRTHDATE

Applicant's certification

I certify I am retiring from active membership in the State Police Retirement system as of the retirement effective date indicated above and am electing to participate in the DROP for the time period designated. I understand I will begin my retirement at the end of my DROP participation period. Once ORS accepts this application, my participation in the DROP is irrevocable.

Applicant's signature: _____ Date: _____

Section III: Retirement

ORS must receive your completed application form at least 30 days, but no more than 90 days, before your retirement effective date. Your *retirement effective date* is the first day of the month following your last day on payroll with the Michigan State Police.

Retirement effective date: My retirement effective date is the first of _____, 20_____
By my signature below, I certify I am a member of the State Police Retirement System and want to apply for retirement from service with the Michigan State Police. I also authorize the selections made in the Income Tax Withholding Authorization section and my designation(s) for direct deposit. By using direct deposit, I authorize ORS to recover money electronically deposited in my account(s) in error, either by adjusting the account(s) or withholding any future payments. I understand I will be notified in writing if adjustments are made.

Applicant's signature: _____ Date: _____

Member Name: _____
 Member ID: _____

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Section IV: Insurance Options *(Must complete and sign even if declining insurances.)*

A. Insurance options

Are you declining insurance coverage at this time? YES-DECLINE NO-ENROLL

If declining coverage, proceed to section D. If enrolling in insurance, continue.

Check the box for the insurance plan you want to enroll in and indicate when you want your coverage to start and who you want to enroll. (Note: Start dates are always the first of the month.) Your start date depends on when you submit your insurance request and required proofs, and if you have a qualifying event. See the instructions for details. ORS will verify your start date when we process your insurance request.

HEALTH PLAN	START DATE	WHO TO ENROLL? (Check all that apply.)
<i>If enrolling in a health plan, choose one of the following:</i>	____/01/____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)
<input type="checkbox"/> BCBSM with prescription drug plan		
<input type="checkbox"/> BCBSM without prescription drug plan		
<input type="checkbox"/> Blue Care Network, includes prescription drug plan (HMO)		
<input type="checkbox"/> Health Alliance Plan, includes prescription drug plan (HMO)		
DENTAL, VISION PLANS	START DATE	WHO TO ENROLL? (Check all that apply.)
<input type="checkbox"/> Delta Dental	____/01/____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)
<input type="checkbox"/> EyeMed	____/01/____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)

B. Enrollee information

Provide the following information for each person you're enrolling on your insurance. Attach additional pages if necessary. Submit required proof(s) for each enrollee. See Final Steps in the instructions for specific proofs to include with this application. If you, your spouse, or any of your eligible family members will be covered under another insurance plan, including Medicare, as of the effective date of this coverage, indicate that additional coverage below. Copy the Medicare information from the Medicare card for anyone you are covering.

ENROLLEE INFORMATION NO. 1				ENROLLEE INFORMATION NO. 2			
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	
Enrollee name (last, first, M.I.)				Enrollee name (last, first, M.I.)			
Social Security number		GENDER		Social Security number		GENDER	
		<input type="checkbox"/> M	<input type="checkbox"/> F			<input type="checkbox"/> M	<input type="checkbox"/> F
Birthdate				Birthdate			
QUALIFYING EVENT		Qualifying event date		QUALIFYING EVENT		Qualifying event date	
<input type="checkbox"/> Adoption	<input type="checkbox"/> Birth			<input type="checkbox"/> Adoption	<input type="checkbox"/> Birth		
<input type="checkbox"/> Marriage	<input type="checkbox"/> Other _____			<input type="checkbox"/> Marriage	<input type="checkbox"/> Other _____		
OTHER INSURANCE (including Medicare)				OTHER INSURANCE (including Medicare)			
Carrier name (including Medicare)				Carrier name (including Medicare)			

Member Name: _____
 Member ID: _____

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Medicare number or policy number		Medicare number or policy number	
Medicare effective dates or other policy start date		Medicare effective dates or other policy start date	
Part A	Part B	Part A	Part B
COVERAGE TYPE			
<input type="checkbox"/> Health	<input type="checkbox"/> Prescription	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
End-stage renal disease?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

C: Physical address

A physical address is required when enrolling in insurance coverage with ORS. Provide your physical address and include the county of your residence. You cannot be enrolled in insurance with a post office (PO) box or private mailbox. This application was mailed to the mailing address we have on file. If your physical address is different from your mailing address, or if you use a PO box or private mailbox, please provide your physical address below.

PHYSICAL ADDRESS (CANNOT BE A PO BOX OR PRIVATE MAILBOX)	COUNTY
CITY, STATE, ZIP CODE	

D: Certification (*Signature is required even if declining insurance coverage.*)

By my signature below, I certify that the above information is correct to the best of my knowledge and belief and that I agree to the following conditions of enrollment:

- *By enrolling in the insurance plans, I understand that my family members and I are bound by all conditions stated in the plan.*
- *I agree to notify ORS of any changes in my status and that of my family that may affect eligibility and/or coverage.*
- *I agree that if claims are paid on an ineligible individual, the cost of such claims may be deducted from future supplemental benefit payments.*
- *I authorize the administrator selected by ORS to obtain from providers of service any and all records and other information relating to me and my covered family members.*

MEMBER'S SIGNATURE	DATE

Member Name: _____
 Member ID: _____

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E: Race and ethnicity (optional)

Provide the following information for anyone you're enrolling on your insurance. The Centers for Medicare and Medicaid Services requires ORS to ask about race and ethnicity. Answering these questions is optional. You can't be denied coverage because of your responses or if you don't complete this section.

RACE	SELECT ALL THAT APPLY			ETHNICITY	SELECT ALL THAT APPLY		
	Self	Spouse	Child		Self	Spouse	Child
White				Not of Hispanic, Latino/a, or Spanish origin			
Black or African American				Puerto Rican			
American Indian or Alaska Native				Another Hispanic, Latino/a, or Spanish origin			
Asian Indian				Mexican, Mexican American, Chicano/a			
Chinese				Cuban Puerto Rican			
Filipino				I choose not to answer			
Japanese							
Korean							
Vietnamese							
Other Asian							
Native Hawaiian							
Samoan							
Guamanian or Chamorro							
Other Pacific Islander							
I choose not to answer							

Section V: Enrolling in Direct Deposit

Record your direct deposit account information below.

By submitting this completed form, I authorize ORS to deposit my net monthly pension by direct deposit into the designated financial institution(s) and account(s). This authorization remains in effect until canceled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; or (d) the State of Michigan.

Financial institution and account designation

You can have your pension payment sent electronically to one or two accounts, either at the same or different financial institutions. Provide all the information requested below. Refer to the instructions if you have questions.

NAME OF FINANCIAL INSTITUTION NO. 1		INSTITUTION'S TELEPHONE NUMBER ()
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CITY, STATE, ZIP CODE		INSTITUTION NO. 1 PENSION AMOUNT _____ % OR \$
BANK ROUTING NUMBER (CANNOT START WITH 5)	ACCOUNT NUMBER	
NAME OF FINANCIAL INSTITUTION NO. 2 (If this is the same as Institution NO. 1, write SAME below.)		INSTITUTION'S TELEPHONE NUMBER ()
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CITY, STATE, ZIP CODE		INSTITUTION NO. 2 PENSION AMOUNT Balance of Pension
BANK ROUTING NUMBER (CANNOT START WITH 5)	ACCOUNT NUMBER	

Member Name: _____
 Member ID: _____

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Section VI: Income Tax Withholding Authorization

This authorization is effective with your first pension payment and will continue until you change your withholding online in miAccount at Michigan.gov/ORSmiAccount or file a new form. (You'll use MiLogin to access miAccount.) If you leave this blank, ORS must withhold taxes as if you are married claiming three allowances.

Michigan Tax Withholding

1. Check here if your pension payments are not taxable or you do not want any Michigan income tax withheld from your monthly pension. If you check this box, sign below (don't complete lines 2-7). **Note:** Opting out may result in a balance due on your *MI-1040* as well as penalty and/or interest.

Check only ONE box below. For joint filers, select the box for the age of the older spouse.

2. Check here if you (or your spouse) were born before 1946. If you check this box, your pension is exempt from Michigan income tax.

3. Check here if you (or your spouse) were born between 1946 and 1952. If you check this box, the first \$20,000 of pension benefits (\$40,000 if married) will be subtracted from your taxable income.

4. Check here if you (or your spouse) were born after 1952. If you check this box, your pension will be taxed at the current rate.

5. Enter number of personal and dependent exemptions you are claiming. Only claim each exemption once, even if you submit more than one Michigan withholding form..... (exemptions) _____

6. What is your Michigan withholding status? **(Required)** Single Married Married, but withhold at higher Single rate

7. Dollar amount, if any, you want withheld from each pension payment in addition to your standard Michigan withholding amount. You must enter a number on line 5 (including 0) BEFORE you fill out line 7. \$ _____

This change takes effect the month after ORS receives this form unless you specify a later month: _____

SIGNATURE (REQUIRED)

DATE

Federal Tax Withholding

Step 1: Check your anticipated filing status

- (c) Single or Married filing separately
 Married filing jointly or Qualifying surviving spouse.
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See the instructions for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income from a job and/or multiple pensions/annuities (including a spouse's job/pension/annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See the instructions for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

- (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on *Form W-4*, Step 4(a), for the jobs less the deductions entered on *Form W-4*, Step 4(b), for the jobs. Otherwise, enter 0..... ▶ \$ _____
- (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter 0 ▶ \$ _____
- (iii) Add the amounts from items (i) and (ii) and enter the **total** here..... ▶ \$ _____

Tip: To be accurate, submit a new *Form W-4P* for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new *Form W-4* for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see the instructions.

Complete steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete steps 3–4(b) on this form.



Member Name: _____
 Member ID: _____

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Step 3: Claim dependent and other credits			
If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
Multiply the number of qualifying children younger than age 17 by \$2,000.....	▶ \$ _____		
Multiply the number of other dependents by \$500.....	▶ \$ _____		
Add other credits, such as foreign tax credit and education tax credits.....	▶ \$ _____		
Add the amounts for qualifying children, other dependents, and other credits and enter the total here.....		3	\$
Step 4: Other adjustments (optional)			
(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable Social Security, and dividends.....		4(a)	\$
(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet in the instructions and enter the result here.....		4(b)	\$
(c) Extra withholding. Enter any additional tax you want withheld from each payment.....		4(c)	\$
Step 5: Sign here			
YOUR SIGNATURE (This form is not valid unless you sign it.)	DATE		

Return signed form to:

ORS, PO Box 30171, Lansing MI 48909-7671, or fax to 517-284-4416.

Retirement or DROP Application – Instructions

Pre-Application Steps

3–6 months before your retirement effective date

Review any pending service credit purchases or new purchases you plan to make. ORS must receive payment in full before you terminate employment in order to receive credit for retirement.

Submit your completed retirement application and all required documentation and proofs to ORS.

0–3 months before your retirement effective date

Notify your personnel office of your intention to retire. You must terminate all State of Michigan employment before your retirement effective date.

If you decide to cancel your application, notify ORS in writing before your retirement effective date.

The Application

Section I: Retirement Information

You have the option to apply for a full retirement or the DROP. Indicate the type of retirement you are applying for by checking the appropriate box.

Retirement eligibility. You qualify for retirement at any age with 25 years of service (YOS) as an enlisted officer. If you left state police employment before 25 YOS but have at least 10 YOS, you are eligible to collect a pension benefit at age 50.

DROP eligibility. You qualify for the DROP if you are eligible to apply for a full retirement but want to extend

your employment and defer your pension benefits up to six years.

Eligible Domestic Relations Order (EDRO). If you are divorced and the court ordered a portion of your pension, be paid to your former spouse, you must have an acceptable EDRO on file with ORS before your retirement effective date. Details and an online, fillable *EDRO (R0259H)* form can be found on the ORS website under Forms and Publications.

Section II: DROP

Complete this section of the application *only* if you are applying for the DROP.

DROP participation period. Be sure you indicate the time frame that you will be participating in the DROP program. The begin date is actually your retirement effective date.

Beneficiary designation. Indicate who will be your beneficiary. You can name only one beneficiary. Be sure to include all requested information.

Upon completing this section, see Final Steps in the instructions on where to mail this application.

Section III: Retirement

Complete this section and the rest of the application *only* if you are applying for a service retirement. Be sure that you indicate your *retirement effective date*, the first day of the month following your last day on payroll with the Michigan State Police and sign your name.

Section IV: Insurance Options

Declining insurances. If you do not want to enroll in either the health, dental, or vision insurance plans when you retire, check the DECLINE box, sign and date in section D, then proceed to Section V. You can enroll later but may have a six-month waiting period.

Enrolling in insurances. The *Insurance Options Sheet (R0423GH)* provides details about insurance eligibility. Additional information about effective dates of coverage and documents you need to submit to enroll your spouse and dependents can be found on our website or in *Retirement Overview (R0159H)*.

Coverage options. You can enroll in Blue Cross Blue Shield of Michigan (BCBSM) with or without prescription drug coverage, or an HMO which includes prescription drug coverage. Mark the check box for the plan of your choice under Insurance Options and sign in the Certification box.

Enrollee information. Complete all requested information for each person who will be covered under your insurance plans. If anyone is enrolled in Medicare, provide that person's Medicare card number and the effective dates of coverage for both Medicare Part A and Part B.

Medicare: In 1986, federal law required mandatory Medicare coverage for state and local government employees even if they do not pay Social Security taxes. If you were hired (or rehired) after March 31, 1986, you may have mandatory Medicare coverage. However, the Social Security Administration is the final authority for determining your Medicare eligibility.

Proof of eligibility is required. Provide proofs of age and relationship for everyone you want to enroll. If you are adding a disabled dependent, also submit proof of disability and dependency.

Other insurance data. You must report any other insurance coverage you, your spouse, or your enrolled dependents have. Failure to report this coverage, including prescription drug coverage, will make you subject to loss of coverage and retroactive repayment of any claims paid by ORS.

If you enroll in one of these health insurance plans, it is your responsibility to notify ORS of any changes in your status or that of your family that may affect eligibility and/or coverage. You also authorize the administrator selected by ORS to obtain from providers of service, on a confidential basis, any records and other information relating to you, your spouse, and your covered dependents.

Coordination of benefits. Your health, dental, and vision plans contain a **coordination of benefits** provision, which says you can't be reimbursed for more than the allowed cost of your care or service. If you, your spouse, or your dependents are covered under another group plan, the plans coordinate their reimbursement so that their combined payments don't exceed the allowed costs.

Life insurance. Your state-sponsored life insurance continues for you, your spouse, and your dependents at no charge to you. Your coverage will be 25% of the amount of insurance you carry at the time you retire from state police employment; your spouse's and dependents' policies are capped at \$1,000 each. If you are deferred, you are not eligible for life insurance.

You may want to update your beneficiary on the enclosed *Life Insurance Beneficiary Designation (R0782GHB)* form. Return your completed form with your application.

Section V: Enrolling in Direct Deposit

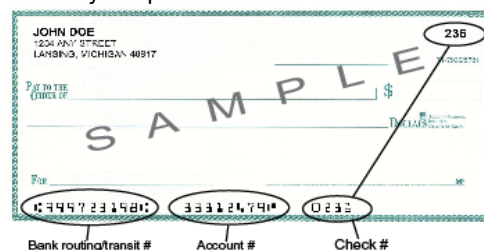
You must use direct deposit to your checking and/or savings account for your monthly pension payment. Your money will be available to you the same day the pension is payable. There is no fee, so your monthly pension amount is not affected.

You must use a financial institution located in the U.S. or its territories. If you live or will be living in a foreign country and do not have an account with a U.S. financial institution, contact ORS.

You can have your payment deposited in up to two accounts. The accounts can be at the same financial institution or at two different institutions. Complete ALL the financial institution information requested and indicate whether the account is checking or savings. To split your pension payment between two accounts, record the dollar amount or percentage to be deposited in the first account. The balance will go into the second account.

After retirement, you may change your bank accounts in miAccount, at Michigan.gov/ORSmiAccount. If you're changing bank accounts, be sure to keep your old account

open until your pension payment is deposited in the new account.



Depositing to a checking account?

Look at one of your checks (not a deposit slip); find the bank's routing number and your checking account number in the string of numbers at the bottom. The nine-digit number on the left is the bank routing number. It is always nine digits and must begin with a 0, 1, 2, or 3 or ORS won't be able to deposit to the account. If this number begins with a 5,

contact your financial institution for a different number that can be used for direct deposits.

The other number at the bottom — the one that doesn't match the check number — is your account number. Include any zeros at the beginning or end; they are part of your account number.

Depositing to a savings account?

You may need to contact your financial institution to get the bank routing number and verify your complete savings account number. Write both numbers in the appropriate boxes.

Section VI: Income Tax Withholding Authorization

Your pension may be subject to Michigan income tax as well as federal income tax. ORS will withhold these taxes from your pension based on the information you provide. This will remain in effect until you change it in miAccount or file a new *Income Tax Withholding Authorization (R0012X)* form. If you need help determining your federal

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to *Form W-4P*, such as legislation enacted after it was published, go to [IRS.gov/FormW4P](https://www.irs.gov/FormW4P).

Purpose of form. Complete *Form W-4P* to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than one year. Don't use *Form W-4P* for a nonperiodic payment (Note: Distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use *Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*, for these payments/distributions. For more information on withholding, see *IRS Publication 505, Tax Withholding and Estimated Tax*.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing No Withholding on *Form W-4P* in the space below Step 4(c). Then, complete steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the U.S. and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new *Form W-4P*.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you

allowances or if you should withhold any additional amount, refer to the Internal Revenue Service website at [IRS.gov](https://www.irs.gov). For questions on your Michigan withholding, contact the Michigan Department of Treasury at [Michigan.gov/Treasury](https://www.michigan.gov/Treasury).

generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% Social Security tax and the 2.9% Medicare tax multiplied by 0.9235). See *IRS Publication 505* for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates.

Do not use *Form W-4P*. See *IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities*, and *IRS Publication 519, U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write No Withholding in the space below Step 4(c). See *IRS Publication 3920, Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing *Form W-4P* for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on *Form W-4*, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this *Form W-4P*.

Example 2. Carol, a single filer, is completing *Form W-4P* for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this *Form W-4P*.

Example 3. Don, a single filer, is completing *Form W-4P* for a pension that pays \$50,000 a year. Don does not



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have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this *Form W-4P* because he entered the \$1,000 on the *Form W-4P* for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing *Form W-4P* for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on *Form W-4*, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this *Form W-4P*.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs.

If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete steps 3 through 4(b) on *Form W-4P*. Instead, complete steps 3 through 4(b) on the *Form W-4* for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete steps 3 through 4(b) on *Form W-4P* for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be younger than age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required Social Security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see IRS *Publication 501, Dependents, Standard Deduction, and Filing Information*. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see *Form 1040-ES, Estimated Tax for Individuals*.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on

your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and older, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give *Form W-4P* to your payer, you don't provide a Social Security number, or the IRS notifies the payer that you gave an incorrect Social Security number, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new *Form W-4P*.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the U.S. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous *Form W-4P*. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid Office of Management and Budget control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.



