



MASSACHUSETTS LABORERS' PENSION FUND

P.O. Box 1501, 1400 District Avenue, Suite 200

Burlington, Massachusetts 01803

Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

TO: All persons applying for pension

Subject: Pension Application Forms

Please complete ALL questions on the application and on any other forms you may receive. Incomplete forms will be returned to the applicant. Include letters of rejection and/or award from Social Security Disability, if applicable. Contact this office if you have any questions on this matter. Pensions are generally payable effective the first day of the calendar month after you have submitted a complete application, while processing time averages three months.

If you have applied for a pension with this fund previously, please indicate this, and give the approximate date you filed. Also, **if you have received workman's compensation, or Social Security Disability Insurance, be sure to include a copy the award letter with your application.** It usually will add to the pension credit, yielding larger pensions. If you are divorced, we request a copy of any divorce agreements, to confirm compliance with the court regarding benefits, forward them once available.

If you choose to take your pension in any form other than the Husband-and-Wife Pension, we must have the statement(s) on page 5 (item #10) signed and notarized. This is very important.

Otherwise. Please include a photocopy of the marriage certificate.

NOTICE

Security Alert! We now require three forms of Identification: Social Security card, Birth certificate, **and a** State issued Photo I.D. card for member, and spouse if married. Photocopies are recommended. You may obtain the Social Security card from your local SSA Office, Driver's license or State ID at the Registry of Motor Vehicles.

We now issue Pension Benefit payments through electronic transfer for all pensioners; we will deposit your pension check directly into any account that you request and avoid lost checks in the mail. An electronic transfer form is enclosed. You should advise your local of your intended retirement date, as it may affect your dues.

Final issue: we are required by Federal regulations to send disclosure notices regarding your right to postpone your pension. Call us if you wish to do so or have questions regarding that letter.

Pension Department



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REQUEST FOR DISTRIBUTION DUE TO RETIREMENT, DISABILITY OR DEATH

INSTRUCTIONS

Please complete *ALL* sections, sign where indicated and return to the address shown above with the required attachments. If you are married, and if applicable, your spouse will need to sign the page 5 in the presence of a Notary Public. If you are single, you must sign page 5 stating this in the presence of a Notary Public. You will need to attach proof of age for yourself and, if applicable, for your spouse, and a copy of your marriage certificate, as well as copies of your and your wife's driver's license and social security card.

Proof of Age can be demonstrated using one of the following documents: birth certificate, baptismal certificate or other certified church record, notification of registration of birth in a public registry of vital statistics, hospital birth record, foreign church or governmental record, a signed statement by the physician or midwife in attendance at the birth, naturalization record, immigration papers, military record, passport, school record. Original documents will be returned promptly, but it is safer to submit photocopies.

If you should have any questions, please telephone the Fund Office at one of the telephone numbers listed above. If all sections are not completed, or if the form is not notarized, where applicable, your application cannot be processed. You will receive written notification that the Fund Office has received your request. However, if you do not receive acknowledgement within ten (10) business days, please notify the Fund Office. Your request will be processed, and you will be notified of your benefit (usually between 3 to 5 months).

PERSONAL DATA FOR MEMBER

Name _____ Date of birth _____

Address _____

Social Security Number _____ Telephone Number _____

Spouse's Name _____ Spouse's Date of birth _____

Spouse's Social Security No _____ Date of Marriage _____

Regardless of the country where you reside, are you a United States Citizen? Yes _____ No _____

If you are not a United States citizen, please provide the country of citizenship _____

EMPLOYMENT AND LOCAL UNION DATA

On what date do you plan to retire? _____

If you are working, on what date will you stop? _____

If you have stopped working as a laborer, give the date you last worked. _____

Name and address of the company you last worked for _____

Present Local Union No. _____ Book Membership No. _____

Date of original initiation into the Laborer's Union _____ Local No. _____

If you were a member of other laborers' local unions, please list them below with the dates you were initiated and/or transferred:

Have you ever worked as a laborer out-of-state? _____ If yes, where and when. _____

MILITARY SERVICE DATA

Have you ever served in the Armed Forces of the United States? Yes _____ No _____

If yes, please submit copies of your military papers.

Date of service Entered _____ Discharged or separated _____

Date returned to covered employment _____

Name of your employer you worked for immediately upon return to covered employment _____

WORKER'S COMPENSATION DATA

Have you ever received worker's compensation for injuries on the job? Yes _____ No _____

If yes, please provide the following information:

Contractor's name _____ Date of injury _____

Received compensation from _____ to _____

Insurance Company _____ Workers' compensation file no. _____

If you incurred more than one (1) injury for which you received workers' compensation benefit payments, please provide the information requested above for each additional injury on a separate piece of paper. If you have any records of your compensation, include copies with your application. If you do not have copies of your workers' compensation, please research your files as it could help for additional pension credits.

WEEKLY ACCIDENT & SICKNESS BENEFITS

Have you ever received weekly accident & sickness benefits from Massachusetts Laborers' Health and Welfare Fund for a period of time when you were out of work? Yes _____ No _____

If yes, please indicate dates when you received these benefits, as you may receive additional pension credit.

From _____ To _____

TYPE OF PENSION

If eligible, I want to retire on a (check appropriate type):

- | | |
|---|---|
| <input type="checkbox"/> Regular Pension | Attained regular retirement age (at the time of retirement) and earned a minimum of 5 pension credits. |
| <input type="checkbox"/> Early Retirement | Attained age 55 but less than regular retirement age (at the time of retirement) and earned a minimum of 5 pension credits. |
| <input type="checkbox"/> Service Pension | Accumulated at least 30 pension credits, regardless of age. |
| <input type="checkbox"/> Disability Pension | Accumulated a minimum of 10 pension credits, and deemed to be totally and permanently disabled in accordance with the terms of the Plan document. |
| <input type="checkbox"/> Special Vested Pension | Earned at least a minimum of 250 hours in the year that you turned 65 and received a minimum of 0.25 pension credits at 65. |

DISABILITY PENSION

Complete this section only if you are applying for disability pension. Also, you must apply for disability benefits from Social Security Administration.

Date you first became disabled _____, _____, _____
Month Day Year

Please state the nature of your disability (use additional paper if necessary)

Have you applied for Social Security Disability Pension? Yes _____ No _____

If you have received a decision on your application? Yes _____ No _____

If yes has your application been approved or rejected: Approved _____ Rejected _____

If it has been approved, submit the **Certificate of Award** from Social Security Administration.

If it has been rejected, submit the **Rejection Notice** from Social Security Administration.

FORM OF PENSION PAYMENTS

The description of the forms of payment which follow are provided at this time for your information only. These options may be exercised before you receive your pension benefits. **After payments commence, you may not change your election.** All pension benefits are payable for the member's lifetime.

60 Month Guarantee

If you are not married, this is the normal form of payment. You will receive a monthly amount for your lifetime, and if you die before 60 payments have been made, your beneficiary will receive the balance of the first 60 monthly payments in the same amount you were receiving. If your beneficiary should predecease you or dies before you receive 60 monthly payments, you can name a contingent beneficiary to receive the balance of the 60 monthly payments. If you die after you received 60 monthly payments, benefits will cease and no further benefits are payable to your beneficiary.

FORM OF -PENSION PAYMENTS (continued)

50% Husband & Wife Pension

If you are married, this is the automatic form of payment unless you and your spouse choose otherwise. Pension benefits paid in the form of a Husband-and-Wife Benefit provide that in the event of your death, one-half of your monthly benefit will continue to be paid to your spouse for the rest of their life. For pension credit earned before January 1, 2010, there is no reduction for this benefit if you have 1/4 pension credit on January 1, 1988, or later. If you retire on a disability pension and select the 50% Husband and Wife Benefit, this is an actuarially adjusted reduction in your monthly benefit.

75% Husband & Wife Pension

Pension benefits paid in the form of a 75% Husband and Wife Benefit provide that in the event of your death, 75% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on age difference between you and your spouse, considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

100% Husband & Wife Pension

Pension benefits paid in the form of a 100% Husband and Wife Benefit provide that in the event of your death, 100% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on age difference between you and your spouse, considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

120 Certain Payments Options (not available to members on a Disability Pension)

You have the option of taking a reduced amount of your monthly pension with 120 monthly payments guaranteed. If you elect to take the reduced amount per month, you will be paid this monthly amount for your lifetime, and if you die before 120 payments have been made, your beneficiary will receive the balance of the 120 monthly payments in the same amount you were receiving. If you die after you have received 120 monthly payments, benefits will cease and no further benefits are payable to your beneficiary. If your beneficiary should predecease you or dies before you receive 120 monthly payments, you can name two contingent beneficiaries to receive the balance of the 120 monthly payments.

Lump Sum Re-adjustment Allowance (LSRA)

You may receive, a lump sum payment upon retirement in return for a reduction in your monthly benefit. The amount of the reduction will depend on your age when monthly benefit payments begin. The reduction in your monthly benefit will not be more than 10% and the lump sum payment may not exceed \$5,000. Please note that your LSRA payments may be an "eligible rollover distribution." This means that the payment can be rolled over to an IRA or to another qualified retirement plan that accepts rollovers. If you do not roll over your LSRA, a 20% mandatory withholding for Federal Income Tax purposes as well as additional taxes may also apply to your lump sum payment. See the attached Special tax Notice and be sure to consult your tax advisor.

BENEFITS ELECTION

Please check the box(s) next to the option(s) that you may want. This is **not** your final choice, as you will receive dollar amounts for the options you select prior to the Fund office finalizing your application!

50% Husband & Wife Pension

LSRA

75% Husband & Wife Pension

LSRA, 50% Husband % Wife Combination

100% Husband & Wife Pension

LSRA, 75% Husband & Wife Combination

120 Certain Payment Options

LSRA, 100% Husband & Wife Combination

LSRA, 120 Certain Payment Options

I want to roll over my LSRA to an individual retirement account or to another qualified retirement plan.

Please send my LSRA to the account shown below:

Name of the trustee or custodian: _____ Address: _____

Account name: _____ Account #: _____

APPLICANT'S STATEMENT

____ I hereby swear that I am not legally married at this time.

____ I hereby swear that I am unable to locate my spouse (additional proof is required if you check this box.)

____ I hereby swear that the person completing the Spouse's Statement is my current and legal spouse and that we have been married for 12 months.

I hereby apply for a pension from the Massachusetts Laborer's Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the trustees will have the right to recover any payments made to me because of a false statement.

Applicant's Signature

Date

SPOUSE'S STATEMENT (do not complete if elected Husband & Wife Benefit-without-LSRA)

I have received a copy of the Qualified Joint and Survivor Pension Notice provided by the Plan and understand that I have the right to have the Plan pay my spouse's monthly benefits in the form of a Husband-and-Wife Benefit.

I hereby consent to my spouse's rejection of the Husband-and Wife Benefit and agree that my spouse can receive monthly benefits in the form elected on this form. I understand that neither my spouse nor myself will be entitled to receive any Husband-and- Wife Benefits.

I understand that my spouse may designate another beneficiary to receive any survivor benefits payable from the Plan after my spouse dies, and that I must agree with designation. I consent to my spouse's beneficiary designation on this form.

I understand that my spouse cannot choose another form of benefit payments or name a different beneficiary unless I agree to change.

Spouse's Signature

Date

NOTARY'S ACKNOWLEDGEMENT

State of _____ County of _____

On the _____ day of _____, 20____ before me came _____

To me known to be the person described in the who executed the foregoing statement and duly acknowledged to me that they executed the same as their free act and deed for purposes therein contained. In witness whereof I set hereunto set my hand: to me known

AFFIX SEAL:

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES

***Note to Notary: Please list the names of all parties present at signing**



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Massachusetts Laborers' Pension Fund Direct Deposit Authorization Form

I hereby authorize the Massachusetts Laborers' Pension Fund, hereinafter called the "Fund", to initiate direct deposit credit entries to my () Checking () Savings account (*please select one*) at the bank named below, hereinafter called the "Bank" and to credit the same to such account.

Name of Bank: _____ **Branch** _____

City: _____ **State/Prov:** _____ **Zip:** _____

Bank Telephone#: _____ **Ext:** _____

Routing #: _____ **Acct #:** _____

If you do not know your account number or routing number, please call your bank and request this information. Be sure to identify whether it is a checking account or savings account.

This authorization is to remain in full force and effect until the "Fund" has received WRITTEN notification from me of its termination in such time and in such manner *as* to afford the "Fund" and "Bank" reasonable opportunity to act on it.

Recipient Name: _____
(Please print)

Recipient Soc. Sec #: _____

Recipient Signature: _____
(Name) (Date)

Home Telephone #: _____ **Local#:** _____
(In case we have difficulty with this form)

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.

***PLEASE COMPLETE THIS FORM TO RECEIVE YOUR PENSION CHECKS*
MANDATORY**



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APPLICATION FORM FOR RETIREES' DEATH BENEFIT

I, _____ do hereby make application for a paid-up death benefit certificate in accordance with the rules and regulations and eligibility requirements of the

fund. Amount: **\$3,000.00** Date of birth: _____ Date Retired: _____

Company Name:

FROM:

TO:

I designate to receive the proceeds of the Retiree Death Benefit,

Beneficiary:

Soc.Sec. No.:

Address of Beneficiary:

Relation to Member:

Signature of Member:

Address

Local Union: _____

Signature of Witness: _____
(Someone other than beneficiary)



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Delayed Retirement Work Certification

SECTION I

If you worked in any type of employment after Normal Retirement Age, as defined below, complete the following information and the chart on the following page, and sign below. Please list all employment in any industry (not just as a laborer), including self-employment.

If you have not worked in any type of employment after Normal Retirement Age, skip to Section II.

For purposes of this Certification:

Normal Retirement Age = Age 62 if a member earned any hours prior to 2010.

Normal Retirement Age = Age 65 if a member earned all hours after 2009.

Year Worked	Employer's name, Address, and Telephone Number	Job Description

If you have worked after Normal Retirement Age, please sign below and complete the chart on the next page.

I, _____, hereby affirm and state that I have listed above all work I have performed in any type of employment since I attained Normal Retirement Age, as defined above, and have accurately completed the chart on the following page.

Signature

Date

Last 4 digits SS#

Post Normal Retirement Date Monthly Work Listing

If you have worked after Normal Retirement Age, please list the hours you worked for each employer by year and month using the grid below.

YOU DO NOT NEED TO INCLUDE WORK FOR CONTRIBUTING EMPLOYERS.

Year Worked	Name of Employer	Jan. Hours	Feb. Hours	March Hours	April Hours	May Hours	June Hours	July Hours	August Hours	Sept. Hours	Oct. Hours	Nov. Hours	Dec. Hours	Total Hours Worked

SECTION II

If you have not worked in any type of employment after Normal Retirement Age, please complete the following statement and sign.

I, _____, hereby affirm and state that I have not worked in any type of employment after I attained Normal Retirement Age as defined above.

Signature

Date

Last 4 digits SS#

**Withholding Certificate
 for Periodic Pension or Annuity Payments**
 Give Form W-4P to the payer of your pension or annuity payments.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, 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 page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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, minus 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 pension/annuity, 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.

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.

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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c)	\$	
Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here				3 \$

Step 4: Other Adjustments	(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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
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Step 5: Sign Here	Your signature (This form is not valid unless you sign it.) _____	Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 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 1 year. Don't use Form W-4P for a nonperiodic payment (note that 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 Pub. 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 checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), 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 United States 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.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 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, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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(b).

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

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

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

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


Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.


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

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex 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 Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he 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). He 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.

 **Social security number and other requirements for credits and deductions.** You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

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 under 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 Pub. 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.

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 17, if you expect to claim deductions other than the basic standard deduction on your 2026 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 over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

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 when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, 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 2026, 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 United States. 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 OMB 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.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Step 4(b) – Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Additional standard deduction. If you (or your spouse) are 65 or older.	
Enter:	$\left\{ \begin{array}{l} \bullet \$2,050 \text{ if you're single or head of household} \\ \bullet \$1,650 \text{ if you're married filing separately} \\ \bullet \$1,650 \text{ if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65} \\ \bullet \$3,300 \text{ if you're married filing jointly and both of you are age 65 or older} \end{array} \right\}$	12 \$ _____
13	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$ _____
14	Add lines 12 and 13. Enter the result here	14 \$ _____
15	Add lines 11 and 14. Enter the result here	15 \$ _____
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$ _____
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$ _____