

UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

18861 90th Ave, Suite A • Mokena, IL 60448
800-621-5133 • FAX 847-384-0188 • www.ufcwmidwest.org

Application for Pension

First Name	Middle Name	Last Name
Mailing Address		
City, State, ZIP Code		Area Code/Phone
Social Security Number	Date of Birth	Date Last Worked in Covered Employment

Normal or Early Retirement

I am retiring on or after my 55th birthday, without disability. I understand that my pension will be reduced if payments begin before my Normal Retirement Age, as described in my Pension Plan Booklet or in the Plan Document. I request my pension payments to begin:

The first day of _____, _____
month year

Disability Retirement

I am retiring at any age due to permanent disability. I have filed an application for Disability Insurance Benefits under the Federal Social Security Act and (check one):

Attached is a certificate of Social Insurance Award, indicating approval of my application for the Disability Insurance Benefit.

Attached is a disallowance letter from the Social Security Administration which I
 do do not intend to appeal. (If you do not intend to appeal, please attach an explanation of why you are not appealing.)

My case is still under consideration; as soon as I receive my certificate of award or disallowance letter, I will forward a copy to the Pension Office.

Continued on Reverse . . . Signature Required on Reverse



Signature Area

In declaring my intent to retire, I fully understand and acknowledge that:

- (1) If I am married, any pension payable to me will be paid in the form of a 50% Joint and Survivor Pension, unless both my spouse and I choose otherwise on a Benefit Alternatives Acknowledgement or Election form. A 50% Joint and Survivor Pension means that I will receive a reduced pension for life; after my death, my surviving eligible spouse will receive 50% of that amount for life.
- (2) I must immediately notify the Pension Office in writing if I return to work, since my pension may be suspended during any such period of Industry or Covered Employment.
- (3) If I am receiving a Disability Retirement pension, I may be required to submit to periodic medical examinations. In the event that I am no longer totally disabled I will immediately notify the Pension Office in writing.

Date Signed

Signature, in ink

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Pension Information Request

This packet of forms is the initial step in requesting pension information or in applying for a pension. The personal and employment information you provide on the following forms will allow the Pension Office to begin processing your pension request.

Forms to be Submitted . . .

- **MEMBER DATA SHEET**—To record your personal and employment information.
- **SOCIAL SECURITY AUTHORIZATION**—To be forwarded to the Social Security Administration to obtain a transcript of your employment history (will be sent if applicable).
- **PROOF OF AGE**—Your birth certificate or other acceptable evidence of your age.
- **BENEFIT ALTERNATIVE ACKNOWLEDGEMENT**—To introduce you to the various ways that your pension can be paid. This form is not included if you are under age 54.

Processing of Your Pension Request . . .

Complete processing of your request will take a minimum of 6 months following receipt of your completed forms. All of your employment information must be verified. The Pension Office records begin with the date you became a member of the Plan (when your employer began contributing into the Pension Fund on your behalf). We must obtain a transcript of your employment history from the Social Security Administration for use in determining if you have any service credit *before* you became a member of the Plan.

We will contact you to provide further information regarding your pension request or if additional data is needed to process your request.

Change in Information After Completing Forms . . .

If there is any change in your address, marital status or employment after submitting the pension forms, please notify the Pension Office in writing.

Pension Plan Information and Assistance . . .

For your information, the Pension Plan Booklet (Summary Plan Description) is included with these pension forms. If you have any questions regarding either your pension or completing the forms, contact the Pension Office.

Proof of Age

In order for us to verify your date of birth, you must submit one of the following:

If you were born in the United States of America . . .

1. Birth Certificate from the State in which you were born or Notification of Birth Registration from the US Department of Commerce, Bureau of the Census. (If you do not know how to obtain a copy of your birth certificate, give us a call and we can provide you with the address of the appropriate agency.)
2. If you do not have either of these, a Notification of Birth Registration from the County in which you were born
3. If none of the above documents exist, submit both:
 - a letter from the State in which you were born certifying that a search has been made and no record of your birth exists, and
 - one of the following documents: (a) letter from the Social Security Administration indicating your date of birth according to their records; (b) Baptismal Certificate; (c) Notification of Registration of birth in public registry of vital statistics or (d) copy of passport.

If you were NOT born in the United States of America . . .

Submit as many of the following documents as you have:

- Birth Certificate from the country in which you were born (please submit even if your certificate is not written in English)
- Naturalization and/or Immigration papers
- Baptismal Certificate

Additional proof may be necessary if your evidence is not conclusive.

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Member Data Sheet

Please print in ink the information requested on this data sheet (front and back). Be certain that you sign and date the form in ink at the bottom of this page.

Last Name, First Name, Middle Name		Social Security Number	
Previous Names (such as maiden name), if any			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth—City and State or Country		Date of Birth—Month/Day/Year	Remember to Enclose Your Proof of Age
Current Address—Full Street Address (post office box number alone is not acceptable)			Area Code/Phone Number
City		State	ZIP Code
Future Address, if known			DATE ADDRESS WILL CHANGE
City		State	ZIP code
Are you currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No			Marriage Date—Month/Day/Year
Spouse's Name		Spouse's Social Security Number	Spouse's Date of Birth—Month/Day/Year
Are you currently employed? <input type="checkbox"/> Yes — May we contact your employer for verification of your employment record? <input type="checkbox"/> Yes <input type="checkbox"/> No If we cannot contact your employer at this time, please indicate the date when we may do so (month/day/year) _____ <input type="checkbox"/> No — What was your last day worked in a position covered under a UFCW Collective Bargaining Agreement? (month/day/year) _____			
Current employer's name and address:		Your position:	
Employment Date:		Number of hrs. you work per month:	
If you are currently receiving or expect to be eligible for a pension from any other organization, indicate name and address of the other organization:			
I certify that the information contained on this Member Data Sheet is true and accurate to the best of my knowledge.			
Date _____		Signature _____	

Employment History—This section must be fully completed

List all of your periods of employment that you believe will be considered in determining your pension. Such employment may include employment with employers who make or made contributions into the Fund or who were organized by the United Food and Commercial Workers Union. Do not list periods of self-employment (where you were the owner or proprietor). If your employment was not continuous, complete the "reason for Non-Continuous Employment" section below. If you are disabled, complete the "Disability" section below.

Name of Employer (List Most Recent First)	Street Address, City and State	Job Title or Department	Dates of Employment				Average Hours Per Week	Local Union
			From Month	Year	Thru Month	Year		

Reason for Non-Continuous Employment

Give the reason and dates for periods during which you were not actively working. For example, periods when you were (1) off work due to sickness, injury, pregnancy; (2) working outside the industry; (3) off work for military service (attach a copy of your military record); (4) working outside local union area; or (5) not working for any other reason (specify reason).

Reason	From		Thru	
	Month	Year	Month	Year

Reason	From		Thru	
	Month	Year	Month	Year

Disability—Complete this section ONLY if you are disabled

Have you applied for Social Security Disability Benefits? Yes No If yes, were Benefits granted or denied? (Attach copy of Award or Denial letter)

Nature of your disability _____ Date Disability Began _____

Date of last examination _____ Doctor's Name and Address _____

Have you worked at all at any occupation since you became disabled? Yes No If yes, complete chart below.

From	Thru	Employer	Monthly Earnings	Kind of Work

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Introduction to Benefit Alternatives

This Introduction and the attached “Benefit Alternatives Acknowledgement” explain the various ways that your pension can be paid under the Plan. The Benefit Alternatives Acknowledgement form provides you with an opportunity to request an estimate of your pension under each of the various pension benefit alternatives.

The information that will be provided if you request estimates of your pension will enable you to compare the amount of your pension with and without the various alternatives and will help you decide which form of payment is best for you. The choice of alternate forms of pension payment is an important family decision. Therefore, if you elect the Single-Life Pension, Federal law requires that your spouse must also sign the Benefit Alternatives Acknowledgement. If you do not have a spouse, please indicate that you are not married or are widowed.

Survivor Protection—for pension payments to continue after your death

The forms of pension payment that provide for the automatic continuation of pension payments to your eligible spouse after your death are called the “50% Joint and Survivor Pension” the “75% Joint and Survivor Pension” and the “100% Joint and Survivor Pension”. Your spouse is an “eligible spouse” qualified to become the survivor beneficiary of the Joint and Survivor Pension if you are married on the date your pension commences. The “100% Joint and Survivor Pension” is available to you only if you left Covered Employment after your 54th birthday.

Under these alternatives, your pension is reduced during your lifetime because of the continuation of pension payments after your death. The amount of the reduction will depend on which alternative you elect and on your age and the age of your spouse at the time you retire. The table on the following page shows the approximate percentage of your Single-Life Pension that you would receive with the 50% Joint and Survivor Pension in effect.

The 50% Joint and Survivor Pension is the standard form of pension payment. Your pension will be paid as a 50% Joint and Survivor Pension unless you elect otherwise in writing before your pension begins. Under the 50% Joint and Survivor Pension:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 50% of your reduced pension for life.

The 75% Joint and Survivor Pension is similar to the 50% Joint and Survivor Pension except that your pension is reduced by a higher percentage in order to provide a greater benefit for your spouse:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 75% of your reduced pension for life.

The 100% Joint and Survivor Pension is similar to the 75% Joint and Survivor Pension except that your pension is reduced by a higher percentage in order to provide a greater benefit for your spouse:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 100% of your reduced pension for life.

If you want more information concerning the Survivor Protection forms of pension payment available to you, check the “Request for Estimates of Joint and Survivor Alternatives” box on the Benefit Alternatives Acknowledgment form.

If you do not wish to provide pension payments after your death, you must waive the Joint and Survivor Pension and elect a Single-Life Pension—a pension payable only to you, with payments permanently stopping at the time of your death. Check the “Request for Single-Life Pension” box on the Benefit Alternatives Acknowledgment form. If you are married, your spouse must also sign the Acknowledgment form and both signatures must be notarized by a notary public or personally witnessed by a Trustees’ Representative at the Pension Office.

Benefit Election Period

The Pension Plan provides for an Election Period during which you may elect, revoke or change any election. The Election Period expires on the later of the date that your pension begins (or your Normal Retirement Date, if receiving a Disability Pension) or on the 91st day following the date that estimated pension amounts are provided to you by the Pension Office. If your pension payments begin before the Election Period expires, you may only change your election to either the Single-Life Pension or the 50% Joint and Survivor Pension. Once the Election Period has expired, the election cannot be changed or canceled. A Pension Application must be formally filed before any pension can begin. A request for estimated pension amounts does not commit you to any election at this time.

Joint and Survivor Pension Example

You are retiring at age 62 with a monthly Single-Life Pension amount of \$300 and wish to provide the 50% Joint and Survivor Pension for your spouse, age 62. Your monthly pension would be \$274.44 ($\$300 \times 91.48\%$) during your lifetime. After your death, your spouse would receive \$137.22 ($50\% \times \274.44) for life.

Percentage of Single-Life Pension Payable with the 50% Joint and Survivor Pension Effective

Your Spouse’s Age	Your Age When Pension Benefits Begin			
	55	57	60	62
53	93.08%	91.86%	89.68%	87.98%
55	93.61%	92.45%	90.37%	88.72%
57	94.14%	93.05%	91.07%	89.49%
60	94.92%	93.94%	92.13%	90.68%
62	95.43%	94.53%	92.84%	91.48%
65	96.16%	95.37%	93.89%	92.67%

This table takes into consideration only the reduction for the 50% Joint and Survivor Pension. Any early retirement reduction is in addition to the reductions shown on the table.

Questions?

If you have any questions or need assistance, please contact the Pension Office toll-free at 800-621-5133.

Benefit Alternatives Acknowledgement

Refer to the "Introduction to Benefit Alternatives" before completing this form.
Complete only if you are over or near age 55 (the earliest benefits can begin). Please use ink.

Check one box only

Joint and Survivor Alternative —

- Request for Estimate of Joint and Survivor Alternatives: I request an estimate of my pension payable under all available benefit alternatives, as well as an estimate of my pension payable if I waive the alternatives. I understand that I will be given the opportunity to waive or elect any of the alternatives after I receive this information.

Spouse's Printed Name (last, first, middle)	
Spouse Birthdate (month, day, year)	Spouse Social Security Number

or

Single-Life Pension - spouse signature/notarization required only if married and electing Single-Life Pension

- Request for Single-Life Pension: I hereby waive my right to have pension benefits continue after my death. I want to receive all pension benefits myself. I understand that all pension payments will cease upon my death and that I cannot change this benefit election after my Election Period has expired.

I understand that completion of this Benefit Alternatives Acknowledgement form does not necessarily indicate eligibility for pension benefits. I further understand that requesting an estimate does not commit me to any election.

Date _____ Employee Signature _____

Employee Soc Sec # _____ Employee Printed Name _____

Not Married Widowed Spouse Signature _____

If you are married and you marked the box "Request for Single-Life Pension" above, your spouse must also sign and both signatures **must be notarized** by a notary public or personally witnessed by a Trustees' Representative at the Pension Office.

State of _____ County of _____

This is to certify that _____ and _____ both personally known to me to be the persons whose names are subscribed to the foregoing Pension Benefit Alternatives Acknowledgement appeared before me, _____, a notary public, this _____ day of _____, 20_____, and expressly acknowledged to me the execution of said foregoing Pension Benefit Alternatives Acknowledgement as their free and voluntary act, and that they understood the foregoing Pension Benefit Alternatives Acknowledgement and intended to be legally bound by the same.

Signature _____ My Commission & Seal Expire on _____

Notary Public or Trustees' Representative (circle one)

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CONSENT TO WAIVE 30-DAY TIME PERIOD TO CONSIDER ELECTION OF OPTIONAL FORMS OF BENEFITS

The law requires that the Plan provide you with important information about your optional forms of pension benefits as part of your application process. You must receive this information no more than 180 days but no less than 30 days prior to the commencement of your benefits. You, and if you are married, your spouse, have the right to waive this requirement and begin to receive your benefits as soon as seven days of the receipt of this information. If you wish to waive the 30-day consent period, please have this form completed in the presence of a notary and returned to the Plan Office.

Participant's Consent

I hereby acknowledge that I have been given information from the Plan explaining the form of benefit options available. I understand that I am entitled to consider these options for a minimum of 30 days from the date that I received this information. I also understand that I may waive this requirement and begin my benefits seven days of the receipt of the information. I hereby consent to the waiver of the 30-day period and request that my distribution be made on the later of, seven days of the receipt of the information explaining the form of benefit options available, or the effective day as indicated on my Form of Payment Election.

Participant's Printed Name _____ Phone# _____

Participant's Signature: _____ Date: _____

Spouse's Consent

I hereby acknowledge that I have been given information from the Plan explaining the form of benefit options. I understand that I am entitled to consider these options for a minimum of 30 days from the date I received this information. I also understand that I may waive this requirement and begin my benefits within seven days of the receipt of the information. I hereby consent to the waiver of the 30-day period and request that my spouse's benefit be made on the later of, seven days of the receipt of the information explaining the form of benefit options available, or the effective date as indicated on the Option Election Form.

Spouse's Printed Name _____ Phone# _____

Spouse's Signature: _____ Date: _____

Signed and sworn to before me on the _____ day of _____, 20____ by the above named applicant.

(stamp or seal)

Signature

Notary Public, State of _____

My Commission _____

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POST-RETIREMENT WORK AFFIDAVIT

Name

Social Security Number

Date of Birth

The undersigned Participant in the UFCW Midwest Pension Fund is submitting this Post-Retirement Work Affidavit as part of his or her application for benefits under the pension plan.

Rules Regarding Return to Work After Retirement

Pursuant to Department of Labor regulations, Section 2530.203-3, the Fund treats your pension benefit as “suspended” for every month during which you work over a certain number of hours in covered or industry employment after you commence benefit payments. These rules are described further below. You may also find additional information in the Fund’s Summary Plan Description (SPD) or Section 9 of the Plan Document.

There are two types of employment that will cause suspension of your pension:

- **Covered Employment** – Work in a position which requires your employer to make contributions on your behalf into the Pension Fund.
- **Industry Employment** - Work in any capacity involving industry or related operations that is located within the geographic jurisdiction of the Union or work while participating in any pension plan with which this Pension Fund has a Reciprocity Agreement. For a list of reciprocal funds, visit the Pension Plan page of our website at www.ufcwmidwest.org or contact the Fund Office.

It includes employment or self-employment in businesses involving products or services substantially similar to those provided by employers participating in the Pension Fund, whether or not the products or services are provided at all locations in which the business operates.

In addition there are separate rules regarding the number of hours you can work per month for early retirement (before age 60), normal retirement (on or after age 60) and when you reach age 70 1/2.. The Fund generally prohibits the payment of pension benefits to participants under the following scenarios:

- **Early Retirement Benefits (Younger than Age 60)** – To avoid a suspension of benefits before you have attained age 60, you must refrain from working 41 or more hours per month in covered or industry employment.
- **Normal Retirement Benefit (Age 60 or Older)** – To avoid a suspension of benefits on and after you attain age 60, you must refrain from working 101 or more hours per month in covered or industry employment.

- **Age 70 ½ or Older** - Suspension rules do not apply to you as of April 1st of the calendar year following the calendar year in which you attain age 70 ½. At that time you will receive your monthly pension benefit regardless of the number of hours you work.

I have read this Post-Retirement Work Affidavit and I am not currently engaged in disqualifying work as described above.

Have you been working from your effective retirement date to the present? _____

If yes, please complete the following information for all of your employers and positions held from your effective retirement date to the present:

Name of Employer: _____

Your Position: _____ **Type of Business:** _____

Employment Dates: _____ **Hours Worked per Month:** _____

Name of Employer: _____

Your Position: _____ **Type of Business:** _____

Employment Dates: _____ **Hours Worked per Month:** _____

I understand that if I begin receiving pension benefits and return to covered or industry employment, I must notify the Fund Office in writing within 30 days of the date I return to such employment and that all or a portion of my pension benefits will be suspended while I am working. I further understand that I will notify the Fund Office when I stop working in prohibited employment in order to restart my pension benefits.

The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me from receiving my pension benefits and that the Board of Trustees shall have the right to recover any pension benefits made to me because of a false statement. Furthermore, in consideration for the Trustees relying upon the information in this *Post-Retirement Work Affidavit*, and for other valuable consideration, I agree to indemnify and protect the Trustees in the event that the Trustees pay a benefit to me to which I am not entitled.

Print Name

Signature

Date

**United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund
United Food and Commercial Workers Unions and Employers Midwest Pension Fund**

18861 90th Ave., Suite A ♦ Mokena, IL 60448 ♦ 800-621-5133

FAX 847-384-0188 ♦ www.ufcwmidwest.org

Authorization for Release of Health Benefits Information to the Pension Fund

In the course of processing your pension request, the Pension Office may need to contact the Health Benefits Fund to verify hours for which contributions were paid on your behalf and/or periods when you were not working due to disability. This is done to ensure that you receive all credit available to you. Federal law now requires that every adult person must give a written authorization before the Health Benefits Fund may disclose information about your benefits to another person. If an authorization is not on file, the Health Benefits Fund cannot disclose information to the Pension Fund.

Please complete and return this form to us so that the Health Benefits Fund is authorized to disclose to the Pension Fund information regarding your health benefits coverage.

Employee-Member Information

FULL NAME (EMPLOYEE-MEMBER)	UFCW ID# or SOCIAL SECURITY NUMBER	DAYTIME AREA CODE/PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP

By signing below, I have authorized the United Food and Commercial Workers Unions and Employers Midwest Health Benefits Plan to disclose my health benefits information as described in this Authorization. I have had an opportunity to review and understand the contents of this entire form and I am confirming that it accurately reflects my wishes:

I am the Employee-Member and I authorize you to disclose information to the United Food and Commercial Workers Unions and Employers Midwest Pension Fund.

Signature _____ Date Signed _____

Description of Information to be Disclosed by the Plan. I understand that the information that may be disclosed by the Plan will include all information created by or received by the Plan related to my eligibility for health benefits and/or payment of health benefits by the Plan.

Expiration of Authorization. This authorization will expire (1) upon the completed processing of my pension request; or (2) when I revoke the authorization in writing.

Right to Revoke. I understand that I have the right to revoke this authorization at any time by notifying the Benefits Fund Office in writing. I further understand that the revocation is effective only after it is received at the Benefits Fund Office and that any use or disclosure made prior to the revocation will not be affected by the revocation.

Voluntary. I understand that I am under no obligation to sign this authorization form. I acknowledge I am voluntarily signing this form to release my health information to the party I have designated.

Benefits Not Conditioned on Authorization Form. I understand that eligibility for benefits is not conditioned on this authorization form.

Potential for Rediscovery. I understand that after my health information is disclosed, federal law might not protect it, and the recipient might rediscover it.

Right to Copy. I understand that I am entitled to receive a copy of this authorization.

Photocopy and Facsimile. A photocopy or facsimile of this signed authorization form shall be considered as valid as an original signed copy.

Purpose of Disclosure: This form authorizes the Plan to disclose my personal health information to the person(s) designated pursuant to my individual request.

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Request for Electronic Transfer (Direct Deposit) of Pension Benefit

Complete and mail this form to the Pension Office along with a voided check or letter from establishment of deposit verifying your account information.

I request that my monthly pension benefit be electronically deposited directly into the bank account identified below.

I understand that pension benefits are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the United Food and Commercial Workers Unions and Employers Midwest Pension Fund.

I understand that Direct Deposit shall remain valid until I notify the Pension Office in writing to the contrary.

Name _____

Address _____

Social Security # (last 4 digits) _____ Area Code/Phone _____

Type of Account checking or savings Account Number _____

Bank's 9-digit Routing Number _____

Bank Name _____

City & State _____ Area Code/Phone _____

SIGNATURE _____ Date _____

— Please notify the Pension Office **IMMEDIATELY** when any information changes —

**Withholding Certificate for
 Pension or Annuity Payments**

2020

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. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that 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.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2020

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,095 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2020 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By February 1 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, 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 SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at www.irs.gov/W4App. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D Child tax credit.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **D** _____
- E Credit for other dependents.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" **E** _____
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E **F** _____
- G** Add lines A through F and enter the total here **G** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- | | | | |
|-----------|---|-----------|----------|
| 1 | Enter an estimate of your 2020 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,650 \text{ if you're head of household} \\ \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ _____ |
| 4 | Enter an estimate of your 2020 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items | 4 | \$ _____ |
| 5 | Add lines 3 and 4 and enter the total | 5 | \$ _____ |
| 6 | Enter an estimate of your 2020 other income not subject to withholding (such as dividends, interest, or capital gains) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 | \$ _____ |
| 8 | Divide the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line G, on page 4 | 9 | _____ |
| 10 | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, on page 1 | 10 | _____ |

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- | | | | |
|----------|---|----------|-------|
| 1 | Enter the number from the Personal Allowances Worksheet , line G, on page 4 (or from line 10 above if you used the Deductions, Adjustments, and Additional Income Worksheet) | 1 | _____ |
| 2 | Find the number in Table 1 on page 6 that applies to the LOWEST paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" | 2 | _____ |
| 3 | If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. Do not use the rest of this worksheet | 3 | _____ |

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- | | | | |
|----------|---|----------|----------|
| 4 | Enter the number from line 2 of this worksheet | 4 | _____ |
| 5 | Enter the number from line 1 of this worksheet | 5 | _____ |
| 6 | Subtract line 5 from line 4 | 6 | _____ |
| 7 | Find the amount in Table 2 on page 6 that applies to the HIGHEST paying pension or job and enter it here | 7 | \$ _____ |
| 8 | Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed | 8 | \$ _____ |
| 9 | Divide line 8 by the number of payments remaining in 2020. For example, divide by 8 if you're paid every month and you complete this form in April 2020. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment | 9 | \$ _____ |

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

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 periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke 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). Providing false or 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 possessions 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.