

Form <b>W-4P</b>	<b>Federal Withholding Certificate for Pension Payments</b>		<b>2019</b>
Type or print your first name and middle initial.	Last name	Your social security number	
Home address (number and street or rural route)			
City or town, state, and ZIP code			
<b>Complete the following applicable lines:</b>			
Additional amount per month, if any, you want withheld from each pension payment. To decrease the amount, put parentheses around the amount.		FEDERAL W/H	\$ _____
Your signature			Date

Form <b>WH-4P</b>	<b>State of Indiana Pensioner's Request for State and County Income Tax Withholding</b>		<b>2019</b>
Type or print your first name and middle initial.	Last name	Your social security number	
Home address (number and street or rural route)			
City or town, state, and ZIP code			
<b>Complete the following applicable lines:</b>			
1. Additional amount per month, if any, you want withheld from each pension payment. To decrease the amount, put parentheses around the amount.		STATE W/H	\$ _____
2. Enter the name of your county. Additional amount per month, if any, you want withheld from each pension payment. To decrease the amount, put parentheses around the amount.		COUNTY NAME	_____
		COUNTY W/H	\$ _____
Your signature			Date

Please complete the name, address, and social security number portion of the form. Indicate any withholding increase(s) or decrease(s) per month. Sign and date the form and return it to the Local 697 Pension Fund Office only if you are making any changes. If you have any questions, please call 219-940-6181 or 219-845-4433 and ask for Mary Kay.

***INCREASE IN WITHHOLDING (per month):***

To increase withholding, enter **only** the **additional amount** you want to withhold. (Example - you now withhold \$200 for federal and want to increase it to \$250. Put **\$50** by FEDERAL W/H.)

***DECREASE IN WITHHOLDING (per month):***

To decrease withholding, enter **only** the **amount** you want to decrease your present withholding. (Example - you now withhold \$200 for federal and want to decrease it to \$150. Put **(\$50)** by FEDERAL W/H.)

**Please mail completed form to:**

**LOCAL 697 PENSION FUND  
7200 MISSISSIPPI ST., STE 300  
MERRILLVILLE, IN 46410**