

# LAGERS Federal Withholding Form

Form **W-4P**

## Withholding Certificate for Pension or Annuity Payments

OMS No. 1545-0415

(Rev. April 2001)  
Department of the Treasury  
Internal Revenue Service

LAGERS No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type or print your full name: \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address (number and street or rural route): \_\_\_\_\_

City or Town, State, and Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Complete the following applicable lines: Please choose only one. (This will replace any previous election.)**

- 1. I elect to have no income tax withheld from my pension or annuity . . . . . (\_\_\_\_)
- 2. I want the following fixed amount withheld from each periodic pension or annuity payment . . . . . \$ \_\_\_\_\_
- 3. I want my withholding from each periodic pension or annuity payment to be withheld according to the tax tables using the number of allowances and marital status shown below.

Marital Status	Exemptions Claimed	
( ) Married	( ) 1 for yourself	( ) 1 for your spouse
( ) Single	( ) 1 if you are 65 or older	( ) 1 if your spouse is 65 or older
	( ) 1 if you are blind	( ) 1 if your spouse is blind
	( ) _____ Other	

**TOTAL EXEMPTIONS CLAIMED:** \_\_\_\_\_

In addition to the amount withheld from the tax tables, I want the following additional amount withheld from each periodic pension or annuity payment . . . . . \$ \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR  
LAGERS  
USE ONLY  
W-87**

STATUS	
904	_____
933	_____
948	_____
999	_____
903	_____

### NOTICE TO RETIREES

(4-01)

If you elect not to have withholding apply to your allowance, or if you do not have enough Federal income tax withheld from your allowance, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

The LAGERS Board of Trustees and Staff are not qualified to offer specific tax advice; that advice must be secured from the Internal Revenue Service or a professional tax accountant.

Please return this form to: Missouri Local Government Employees Retirement System  
P.O. Box 1665  
Jefferson City, Missouri 65102-1665