

LAGERS Federal Withholding Form

Form **W-4P**

Withholding Certificate for Pension or Annuity Payments

OMS No. 1545-0415

**FOR
LAGERS
USE ONLY
W-87**

(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	
<input type="checkbox"/> Married	<input type="checkbox"/> 1 for yourself	<input type="checkbox"/> 1 for your spouse
<input type="checkbox"/> Single	<input type="checkbox"/> 1 if you are 65 or older	<input type="checkbox"/> 1 if your spouse is 65 or older
	<input type="checkbox"/> 1 if you are blind	<input type="checkbox"/> 1 if your spouse is blind
	<input type="checkbox"/> _____ Other	

STATUS

904 _____

933 _____

948 _____

999 _____

903 _____

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: _____

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