



METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND SUBSTITUTE FORM W-4P

Benefits received from this Fund are subject to Federal Income Tax Withholding. You may incur penalties if your estimated tax payments are not in compliance with IRS withholding requirements. If needed, consult a tax professional for advice specific to your situation.

Note: Please be advised that benefits received from this Fund are not subject to taxation by the State of Illinois. If you live outside of Illinois, contact your local state government concerning state taxation laws.

Below is a simplified W-4P form that can be used by most MWRD Retirement Fund members. We cannot adjust your tax withholding without a signed W-4P form. Further information regarding Form W-4P is accessible online at:

<https://www.irs.gov/forms-pubs/about-form-w-4-p>.

NAME (First, MI, Last)		SOCIAL SECURITY NO. XXX – XX –
ADDRESS		APT / UNIT / FLOOR NO.
CITY	STATE	ZIP

Choose only **ONE** of the following options:

<input type="checkbox"/>	1. I DO NOT want the Fund to withhold any income tax from my benefit payments. (Do not complete lines 2, 3 or 4. Sign and date at the bottom.)
<input type="checkbox"/>	2. I want the TOTAL FIXED AMOUNT withheld from each benefit check (whole dollars) as follows: (Do not complete lines 1, 3 or 4. Sign and date at the bottom.) \$ _____
<input type="checkbox"/>	3. I want to INCREASE THE AMOUNT (whole dollars) withheld from each payment ADDED to the amount currently deducted from my benefit check as follows: (Do not complete lines 1, 2 or 4. Sign and date at the bottom.) \$ _____
<input type="checkbox"/>	4. I want the amount withheld determined* by the IRS WITHHOLDING TABLES using marital status and total number of allowances I indicate below: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate Number of Allowances: _____ You may also designate an additional amount on line 4a. 4a. In addition to Line 4, please withhold the following additional amount (in whole dollars): \$ _____ (Do not complete lines 1, 2 or 3. Sign and date at the bottom.)

**Please note that we will calculate your tax withholding based upon your taxable benefit payment at the time we receive your completed form. Your federal tax deduction will remain fixed at that calculated amount, even if you receive increased benefits in the future, unless you subsequently send an updated Form W-4P. Call (312) 751-3222 if you need assistance in updating your tax withholding.*

I hereby certify that the information provided above is my request for tax withholding. This form replaces any previous W-4P form I have submitted.

Signature _____ Date _____

(This form is not valid unless you sign it.)

Form #

_____/_____/_____