

Form W-4P	Federal Withholding Certificate for Pension Payments		2022
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			
Complete the following applicable lines:			
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 WH-4P	State of Indiana Pensioner's Request for State and County Income Tax Withholding		2022
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			
Complete the following applicable lines:			
1. Additional amount of state 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. If you have moved and want taxes withheld for a different county, enter the name of the county and check the box. (A change in county will not take effect until January first (1 st) of the next year.)		COUNTY NAME	_____
		CTY CHANGE	_____
Additional amount of county per month, if any, you want withheld from each pension payment. To decrease the amount, put parentheses around the amount.		COUNTY W/H	\$ _____
Your signature			Date

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 return completed form to: **LOCAL 697 PENSION FUND**
7200 MISSISSIPPI ST., STE 300
MERRILLVILLE, IN 46410

If you have any questions, please call the Benefit Funds office at 219-940-6181 or 219-845-4433.