

Brockton Retirement Board
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**RETIREE'S WITHHOLDING PREFERENCE CERTIFICATE
FORM W-4P**

Name: _____

Address: _____

PLEASE CHECK THE APPROPRIATE BOX:

_____ 1. I do not wish to have Federal Tax withheld from my benefit. I realize that I am liable for payment of Federal income tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

_____ 2. The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of Federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

Marital Status:

_____ Single _____ Married _____ Married, but
withhold at a higher
single rate.

Total exemptions you wish to claim: _____

_____ 3. I wish to have \$ _____ per month withheld.

SIGNATURE OF RETIREE:

_____ DATE: _____