

CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013
Tel: (413) 594-1542 Fax: (413) 594-1544

RETIREE'S FEDERAL TAX WITHHOLDING W-4P TAX FORM

MEMBER INFORMATION

Name: _____ Social Security Number: _____

Address: _____

PLEASE CHECK EITHER BOX 1, 2 OR 3 AND COMPLETE THE CORRESPONDING INFORMATION:

1. <input type="checkbox"/>	I do NOT wish to have federal tax withheld from my monthly pension check. 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 pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.
2. <input type="checkbox"/>	The following exemptions are being claimed and I wish to have the Chicopee Contributory Retirement System determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below: Status: <ul style="list-style-type: none"><input type="radio"/> Single<input type="radio"/> Married<input type="radio"/> Married, but withhold at a higher single tax rate Total exemptions you wish to claim: _____ Additional Amount: _____
3. <input type="checkbox"/>	I wish to have a flat rate of \$_____ withheld per month.

Signature: _____ Date: _____

Please note – you may change your federal tax withholding at any time.

If you have any questions, please contact our office at (413) 594-1542.