

SOUTHERN NEVADA CULINARY & BARTENDERS PENSION PLAN

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ANNUAL NOTICE OF WITHHOLDING ELECTION

PLEASE RETURN THIS FORM WITHIN THIRTY (30) DAYS ONLY IF YOU WISH TO CHANGE YOUR WITHHOLDING ELECTION (FEDERAL AND/OR STATE).

If Federal Income Taxes are withheld from your pension payment and if you do not wish to have Federal income taxes withheld, check BOX A below. If state income taxes are withheld, and if you do not wish state taxes withheld, check BOX B below. If you elect not to have income taxes withheld, or if you do not have enough tax withheld from your payment, you may be responsible for payment of estimated tax and you may incur penalties if your withholding and estimated tax payments are not sufficient.

If Federal income taxes are not being withheld from your pension payments because of a prior election, you may revoke that election and have Federal income tax withheld by checking BOX C below. If state income taxes are not being withheld because of a prior election, you may revoke that election and have state income tax withheld by checking BOX D below.

To the: SOUTHERN NEVADA CULINARY & BARTENDERS PENSION PLAN

- A. Do not withhold federal income tax from my pension.
- B. Do not withhold state income tax from my pension.
- C. Please withhold federal income tax from my pension. Below is the completed withholding certificate with my withholding amount. (Note: The IRS may also send you a withholding certificate for 2017 similar to the one below. However, submit only one completed withholding certificate.)
- D. I want state income tax withholding. Please send me a form for the State of _____

YOUR SIGNATURE

DATE

PRINT YOUR NAME

SOCIAL SECURITY NUMBER

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|--|--|-------------------|
| Form W-4P Department of the Treasury Internal Revenue Service | Withholding Certificate for Pension or Annuity Payments | OMB No. 1545-0415 |
| | | 2017 |

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|---|--|
| Type or print your full name | Your social security number |
| Home address (number and street or rural route) | Claim or identification number (if any) of your pension or annuity contract |
| City or town, state and ZIP code | |

Complete the following applicable lines:

- 1 I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3.) >
- 2 I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.) > _____
Marital status: Single Married Married, but withhold at higher Single rate (Enter number of allowances.)
- 3 I want the following additional amount withheld from each pension or annuity payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. > \$ _____

Your signature >

Date >