

# SOUTHERN NEVADA CULINARY & BARTENDERS PENSION PLAN

P O Box 43449 Las Vegas, Nevada 89116

Telephone (702) 369-0000

Fax (702) 369-2198

## NOTICE OF TAX WITHHOLDING ON PENSION PAYMENTS

(THIS NOTICE CONTAINS INFORMATION REGARDING FEDERAL INCOME TAX WITHHOLDING)

**New Pensioners: Please note, until you have returned this form, your tax amount will be calculated and withheld from your pension as though you are married with (3) exemptions.**

### READ CAREFULLY!

As required by law, the pension payments you receive from the Southern Nevada Culinary and Bartenders Pension Plan will be subject to Federal income tax withholding unless you choose not to have taxes taken out.

Any previous choice for tax withholding will stay the same until you change it. You may change your tax withholding at any time, and as often as you wish, by signing a new withholding form and return it to the Pension Office. Election forms are available at the Pension Office.

If you choose not to have taxes withheld from your pension payments, or if you do not have enough taxes withheld, you may be responsible for payment of additional taxes, or incur penalties.

If you have any questions regarding your tax withholding, we suggest that you contact a tax advisor.

Sincerely,

### BOARD OF TRUSTEES

To the: SOUTHERN NEVADA CULINARY & BARTENDERS PENSION PLAN

- A.  Do not withhold federal income tax from my pension.
- B.  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 2021 similar to the one below. However, submit only one completed withholding certificate.)

YOUR SIGNATURE

DATE

PRINT YOUR NAME

SOCIAL SECURITY NUMBER

Form <b>W-4P</b> Department of the Treasury Internal Revenue Service	<b>Withholding Certificate for Pension or Annuity Payments</b>	OMB No. 1545-0074
		<b>2021</b>

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 Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) >
- 2 Total number of allowances and marital status you're claiming for withholding from each periodic pension or annuity payment.  
(You also may designate an additional dollar amount on line 3.) > \_\_\_\_\_  
Marital status:  Single  Married  Married, but withhold at higher Single rate (Enter number of allowances.)
- 3 Additional amount, if any, you want 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 >