



MoDOT & Patrol Employees' Retirement System
 PO Box 1930 • Jefferson City, MO 65102-1930
 Phone: (573) 298-6080 • (800) 270-1271
 Fax: (573) 522-6111 • Email: mpers@mpers.org
 Website: www.mpers.org

W-4P Substitute

1. Complete all sections of this form.
2. Sign and date the form.
3. Return the form to MPERS **prior to the 15th of the month.**

Withholding Certificate for Pension Benefit Payments

| PERSONAL INFORMATION | |
|---|--------------------------------|
| Name: (Last) (First) (MI) | Social Security Number: |
| Type of Benefit Payment (<i>check one</i>): <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Survivor/Beneficiary | |
| Mailing Address: | Start Date*: Month/Year |
| City: State: Zip Code: | Daytime Phone: () |

***Start date** is the date you wish tax withholding to begin.

| FEDERAL TAX WITHHOLDING (CHECK ONLY ONE FEDERAL OPTION) | |
|---|---|
| <input type="checkbox"/> Option 1 | No Federal Tax Withholding – I elect not to have income tax withheld from my pension benefit. This option does not relieve me of any tax liability. |
| <input type="checkbox"/> Option 2 | Federal Withholding Based on Marital Status and Number of Allowances – I want my withholding from each periodic pension benefit payment to be determined using the following marital status and allowances: Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at single rate Number of Allowances: _____ (will use zero allowances if incomplete) <i>Under Option 2, you may elect an additional flat amount to be withheld each month. In addition to the amount based on the allowances specified above,</i> I want an extra \$_____ withheld from each pension benefit payment. |
| <input type="checkbox"/> Option 3 | No Change to Current Federal Withholding Election. |

If you do not submit a federal tax withholding form, or do not choose a federal tax withholding option, MPERS is required by law to withhold federal taxes as if you elected married with three allowances.

| MISSOURI STATE TAX WITHHOLDING (CHECK ONLY ONE OPTION) | |
|--|---|
| <input type="checkbox"/> Option 1 | No Missouri State Tax Withholding – I elect not to have income tax withheld from my pension benefit. This option does not relieve me of any tax liability. |
| <input type="checkbox"/> Option 2 | Flat Amount (Minimum \$10) – I want \$_____ withheld from each pension benefit payment. This must be a flat amount (no cents). |
| <input type="checkbox"/> Option 3 | No Change to Current Missouri State Withholding Election. |

| | |
|-------------------|-------|
| Member Signature: | Date: |
|-------------------|-------|