

# NOTICE:

**Dear Sir/Madam:**

**Only, if you are collecting Pension or Court ordered payments.**

**NYC Fire Pension Fund  
One Battery Park Plaza, 9th Floor  
New York, NY 10004  
Tel: 929-436-0099**

Form <b>W-4P</b>	<b>Withholding Certificate for Pension or Annuity Payments</b>	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		
Type or print your full name		Your social security number <b>Last four digits:</b>
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. (Do not complete lines 2 or 3.) ▶ <input type="checkbox"/>		
2. Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ▶ _____ Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 ▶

Form W-4P (2007)

Dear Sir / Madam:

Please include a contact Tel#

Home: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_