American Federation of Musicians and Employers' Pension Fund

FORM W-4P (SUBSTITUTE)
STATE WITHHOLDING ELECTION
FOR RECIPIENTS OF PERIODIC PAYMENTS

Instructions: Please choose one of the following options for your State income tax withholding.

A)_____ I elect not to have State tax withheld from my pension payments.
This option is not available if your permanent address is in Kansas, Nebraska, Oklahoma, Oregon or Vermont where State Withholding is mandatory.

B)_____ I elect to have State income tax withheld from my pension payments to be figured using the marital status and number of allowances indicated below.

Marital Status: _____ Married _____ Single

_____ Married, but withhold at higher, single rate.

Number of allowances: _____

C) _____ I want the following additional amount withheld from each pension payment.
NOTE: You cannot enter an amount here without entering your martial status and number of allowances in item B.

Additional amount to be withheld: $_____

Even if you elect not to have State income tax withheld in those states where income tax is applicable, you are liable for payment of State income taxes on the taxable portion of your pension. You also may be subject to tax penalties under the estimated tax payment rules, if you payments of estimated tax withholding, if any, are not adequate.

Print name: _____

Mailing address: _____

_____

Soc. Sec No. : _____ Pension ID #:_____

Your Signature:_____

Date: _____