



SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

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CALIFORNIA INCOME TAX WITHHOLDING CERTIFICATE

PART 1—INSTRUCTIONS

Indicate how you want state income tax withheld from your monthly retirement benefit payment. Unless you elect otherwise, the law requires that income tax be withheld from payments based on rates for a married person claiming three withholding allowances.

For federal income tax withholding, you must complete Form W-4P (contact the Fund Office).

See also page 2 of this form.

PART 2—PENSIONER OR SURVIVOR INFORMATION

Pensioner or Survivor Name

Social Security Number (only last four digits required)

Address

Phone Number

Email Address

PART 3—CALIFORNIA STATE INCOME TAX WITHHOLDING

Please select only one option.

- A. Do not withhold California State Income Tax from my monthly benefit payment.
- B. Withhold ONLY this monthly dollar amount: \$ _____
- C. Withhold this percentage from my monthly benefit: % _____
- D. Calculate withholding from the California State tax tables using the marital status AND number of allowances shown.
 - a. Single
 Married, but withhold at the higher Single rate
 Head of Household
 Married
 - b. Number of allowances: _____
 - c. Additional amount, if any, you want withheld: \$ _____

X _____
Pensioner or Survivor Signature

Date

State of California Income Tax Withholding Certificate Instructions

CALIFORNIA STATE WITHHOLDING REQUIREMENTS

California state statutes require income tax withholding on distributions from pensions, annuities, and deferred compensation plans unless a payee elects otherwise. Therefore, the Southern California Pipe Trades Retirement Fund must withhold income tax on all benefit payments unless the payee has filed an election not to have withholding apply. Benefit recipients must make their election on the front side of this form.

COMPLETING THE FORM

If you do not return this form, the Southern California Pipe Retirement Fund will withhold tax from a periodic payment in accordance with the established rate for a married individual claiming three withholding allowances.

If you do not want withholding applied, you must return the form with the "Do not withhold" boxes checked.

The number of state withholding allowances you claim may be different from the number of allowances you claim for federal withholding. See Form W-4P for more information.

If you are receiving different types of periodic payments from the Fund Office, you may elect a different withholding amount for each type of payment. Please indicate the type of payment that you want in the correct space provided on the front of this page. If you want different withholding for different types of payments, complete a separate form.

The election you submit on this form will take effect within 60 days after the form is received by the Fund Office. Usually, if the form is received by the first of the month, the changes will be in effect by the next payment.

Your state tax withholding preference will remain in effect until you change or cancel it. A change or cancellation may be made at any time by completing and submitting this form to the Fund Office.

CAUTION: Remember there may be penalties for not paying enough tax during the year, either through withholding or estimated tax payments.

QUESTIONS

The Fund Office cannot provide tax advice. We suggest that you read the California Franchise Tax Board Publication FTB 1005 "Pension and Annuity Guidelines" or contact a qualified tax professional for advice.

Contact the Fund Office toll-free at (800) 595-7473. You may also contact the Fund Office by email at pension@scptac.org.