RS-11.3
REV. 2016

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, ROOM 1E12
NEW ORLEANS, LA 70112
(504) 658-1850 FAX (504) 658-1602

DROP CERTIFICATION AT END OF PARTICIPATION/EMPLOYMENT

INSTRUCTIONS: PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES.
Employee: Complete section I; thru IV and forward this form to your employer/appointing authority.
NOTE: If you complete Section IV you must also complete and submit a Deferred Retirement Option Plan Withdrawal Method (RS-11.4) form.
Employer/Appointing Authority: Complete Section V of this form and forward the completed form to the City of New Orleans Employees' Retirement System.

SECTION I - MEMBER INFORMATION

PRINT NAME: LAST FIRST MI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER

_______________________________ ___ ___ ___-___ ___-___ ___ ___ ___

____
ADDRESS

____
CITY STATE ZIP

ENDING DATE OF DROP PARTICIPATION

____/____/____
MO. DATE YEAR

____
DAYTIME PHONE NO. EVENING PHONE NO.

(   ) ____________ (   ) ____________

SECTION II - CONTINUATION OF EMPLOYMENT

I understand that payments into my DROP account shall cease and no further interest shall be earned or credited to my DROP account, if I elect to continue employment. I understand that payment from the DROP account shall not be process until my employment is terminated; nor shall my monthly benefits be payable until I terminate employment. I also understand that I must resume contributions as a member of the system; I further understand that credit for the additional service shall be paid as a supplement to the original pension amount based on my time worked after DROP Participation.

I elect to continue employment. (   )

EMPLOYEE'S SIGNATURE ______________________ DATE SIGNED ____________
(DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)

SECTION III - CONVERSION OF LEAVE TO SUPPLEMENTAL RETIREMENT CREDIT

I request the conversion of my sick and/or annual leave accumulated and not converted prior to DROP and/or accumulated during the DROP participation to supplemental retirement credit. I hereby authorizes the City of New Orleans to apply the leave hours noted below for retirement credit and I acknowledge the hours converted will no longer be available for use or conversion to terminal leave payment.

Number of Sick Leave Hours________ Number of Annual Leave Hours________

I understand that the original retirement benefit allowance will not be recalculated and that the supplemental benefit allowance is to be paid in addition to the original regular retirement allowance. Further, I understand the average salary used in the calculation of the supplemental benefit will be based on the salary earned during the DROP period.

EMPLOYEE'S SIGNATURE ______________________ DATE SIGNED ____________
(DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)

REVERSE SIDE

SECTION IV – TERMINATION OF EMPLOYMENT

Upon termination I will begin receiving a monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. **NOTE:** You **must** complete RS-11.4 form regarding the withdrawal method for DROP funds.

DATE OF TERMINATION _______/_______/_______

EMPLOYEE'S SIGNATURE ________________________________ DATE SIGNED ______________
(DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)

SECTION IV - AGENCY CERTIFICATION

This section of the form must be completed by the employer and signed by the employer's representative whose authorized signature is on file at the City of New Orleans Employees' Retirement System.

I hereby certify that all appropriate offices of this agency have been notified of this DROP participant's intention to either terminate or continue employment as stated above by this employee and that if the employee has elected to continue employment that the appropriate actuarially determined Employer's Contributions must be paid into the Retirement System.

APPOINTING AUTHORITY SIGNATURE ________________________________ DATE SIGNED ______________
(DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)

TITLE ________________________ DEPARTMENT ________________________________

PLEASE FORWARD THIS FORM TO THE CITY OF NEW ORLEANS EMPLOYEES' RETIREMENT SYSTEM

G:\FIRT\CLERICAL\RETIREFM\RS-11.3 DROP CERTIFICATION AT END.WPD

REVERSE SIDE

RS-11.4
REV.10/2005

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO, ROOM 1E12
NEW ORLEANS, LA 70112
(504) 658-1850 FAX (504) 658-1602

DROP WITHDRAWAL METHOD SELECTION

INSTRUCTIONS: PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES. Section I and II, as applicable, must be completed by the retiree. This form must be received by the City of New Orleans Employees' Retirement System (NOMERS) at least thirty (30) days prior to completion of participation in the Deferred Retirement Option Plan (DROP) and/or termination of employment. Total DROP account balance distributions may be requested at any time after monthly or annual withdrawals have begun.

SECTION I - I hereby select a method for withdrawal of funds in my DROP account held by the City of New Orleans Employees= Retirement System

RETIREE'S NAME: LAST FIRST MI SUFFIX (Jr., III, etc.) SOCIAL SECURITY NUMBER

______________________________ ___ ___ ___-___ ___-___ ___ ___ ___

DAYTIME PHONE NO ( ) ____________ EVENING PHONE NO ( ) ____________

MARITAL STATUS: _____SINGLE _____MARRIED _____LEGALLY SEPARATED _____DIVORCED _____WIDOWED

HOME ADDRESS: STREET/P. O. BOX

____

CITY STATE ZIP

____

WITHDRAWAL SELECTION

NOMERS will distribute DROP fund account funds in accordance with the percentages or dollar amounts selected below. Please complete percentages or dollar amounts. DO NOT USE BOTH.

	PERCENTAGE	DOLLAR AMOUNT
Direct distribution to the member	________	________
Rollover into an IRA or Qualified Trust Noted in Section II	________	________
Annuity with NOMERS for Distribution over 119 months	________	________

The withdrawal of DROP account balances is subject to a mandatory 20% withholding for federal income tax unless the distribution(s) is less than $200 or is directly rolled over by the City of New Orleans Employees' Retirement System to an Individual Retirement Account (IRA), qualified retirement plan or Annuity.

SECTION II - United States Financial Institution to which rollover(s) will be sent

(ROLLOVER MUST BE EQUAL TO $200 OR MORE)

NAME AND TITLE OF CONTACT PERSON ______________________ ACCOUNT NUMBER ____________

NAME OF FINANCIAL INSTITUTION ______________________ TYPE OF PLAN (IRA, etc.) ____________

ADDRESS/P.O. BOX ______________________ DAYTIME PHONE NO. ( ) ____________

CITY STATE ZIP

____

I certify that the information I have entered on this form is true, correct and complete. I have received a copy of the Special Tax Notice from the Employees' Retirement System.

RETIREE'S SIGNATURE______________________ DATE SIGNED ____________
(DO NOT PRINT OR TYPE)(NO FACSIMILE OR COPIES ACCEPTED)

MUST BE WITNESSED BY TWO PERSONS OTHER THAN BENEFICIARY (IES)

______________________ ______________________

SIGNATURE OF WITNESS(Do not print or type) SIGNATURE OF WITNESS (Do not print or type)

______________________ ______________________

ADDRESS/P.O. BOX ADDRESS/P.O. BOX

CITY STATE ZIP CITY STATE ZIP

REV.04/05

BOARD OF TRUSTEES
EMPLOYEES' RETIREMENT SYSTEM

1300 PERDIDO STREET, ROOM 1E12
NEW ORLEANS, LA 70112
(504) 658-1850

STATUS OF RE-EMPLOYMENT WITH CITY OF NEW ORLEANS OR MEMBER AGENCY AFTER RETIREMENT

I understand that **I AM NOT** allowed to work more than **17.15** hours of a thirty-five (35) hour workweek or more than **19.45** hours of a forty (40) hour workweek. I also understand that **if I work more than** the aforesaid hours, in any workweek, I must become a contributing member of the Retirement System; and **I WILL NOT** receive a retirement benefit allowance for that period.

I further understand that I **MUST** notify the Employees' Retirement System of the City of New Orleans, **if I am reemployed** by the City of New Orleans and work in excess of the hours allowed to received a benefit allowance. A **FAILURE** to properly notify the Retirement System will result in a recoupment of amounts received by the retiree.

____
Social Security Number

____
Print Name

____
Signature

____
Date

G:\FIRT\CLERICAL\RETIREFM\REEMPLOY.EMP

REV.04/2003

DIRECT DEPOSIT SIGN-UP FORM

(Please check one or both) Lifetime Benefit_____ Annuity ______

MEMBER NO. ____________________

ATTACH VOIDED CHECK HERE
(IF CHECKING ACCOUNT)

PAYEE MUST KEEP THE EMPLOYEES' RETIREMENT SYSTEM INFORMED OF ANY ADDRESS CHANGES IN ORDER TO RECEIVE IMPORTANT INFORMATION ABOUT BENEFITS AND TO REMAIN QUALIFIED FOR PAYMENT.
THE AGREEMENT REPRESENTED BY THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELED BY THE PAYEE BY WRITTEN NOTICE TO THE RETIREMENT OFFICE, OR BY DEATH OR LEGAL INCAPACITY OF THE PAYEE. UPON CANCELLATION, THE PAYEE SHOULD NOTIFY THE RECEIVING FINANCIAL INSTITUTION THAT HE/SHE IS DOING SO.

(TO BE COMPLETED BY PAYEE) **SECTION 1**

A. NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER OF PAYEE
B. MAILING ADDRESS IS THIS A NEW ADDRESS? YES_____ NO_____	TELEPHONE NUMBER OF PAYEE
C. CITY STATE ZIP CODE	TYPE OF ACCOUNT: CHECKING_____ SAVINGS_____ ACCOUNT NO. ____________________
PAYEE CERTIFICATION I CERTIFY THAT I AM ENTITLED TO THE PAYMENT IDENTIFIED ABOVE. IN SIGNING THIS FORM, I AUTHORIZE MY RETIREMENT CHECK TO BE SENT TO THE FINANCIAL INSTITUTION NAMED BELOW TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.	**IF JOINT ACCOUNT**: NAME OF OTHER JOINT ACCOUNT HOLDER; PHONE NO.
SIGNATURE OF PAYEE DATE **X**	ADDRESS OF OTHER JOINT ACCOUNT HOLDER

(TO BE COMPLETED BY FINANCIAL INSTITUTION) **SECTION 2**

NAME AND ADDRESS OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT: CHECKING_____ SAVINGS_____ ROUTING NO. ____________________ ACCOUNT NO. ____________________ NAMES ON ACCOUNT____________________ ____________________ (MUST BE PAYEE; JOINT ACCOUNT ACCEPTABLE)

FINANCIAL INSTITUTION CERTIFICATION
I CONFIRM THE IDENTITY OF THE ABOVE-NAMED PAYEE AND THE ACCOUNT NO. AND OWNER. AS REPRESENTATIVE OF THE ABOVE NAMED FINANCIAL INSTITUTION, I CERTIFY THAT THE FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT THE PAYMENT DESCRIBED ABOVE.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE #	DATE

PLEASE BRING OR MAIL THIS DOCUMENT TO:

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, STE. 1E12
NEW ORLEANS, LA 70112

\FIRT\CLERICAL\RETIREFM\DIRDEPFORM2.WPD

(504)658-1850 FAX (504) 658-1602

REV.04/2003

DIRECT DEPOSIT SIGN-UP FORM

(Please check one or both) Lifetime Benefit_____ Annuity ______

MEMBER NO. ____________________

ATTACH VOIDED CHECK HERE
(IF CHECKING ACCOUNT)

PAYEE MUST KEEP THE EMPLOYEES' RETIREMENT SYSTEM INFORMED OF ANY ADDRESS CHANGES IN ORDER TO RECEIVE IMPORTANT INFORMATION ABOUT BENEFITS AND TO REMAIN QUALIFIED FOR PAYMENT.
THE AGREEMENT REPRESENTED BY THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELED BY THE PAYEE BY WRITTEN NOTICE TO THE RETIREMENT OFFICE, OR BY DEATH OR LEGAL INCAPACITY OF THE PAYEE. UPON CANCELLATION, THE PAYEE SHOULD NOTIFY THE RECEIVING FINANCIAL INSTITUTION THAT HE/SHE IS DOING SO.

(TO BE COMPLETED BY PAYEE) SECTION 1

A. NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER OF PAYEE
B. MAILING ADDRESS IS THIS A NEW ADDRESS? YES_____ NO_____ C. CITY STATE ZIP CODE	TELEPHONE NUMBER OF PAYEE TYPE OF ACCOUNT: CHECKING_____ SAVINGS_____ ACCOUNT NO. ____________________
PAYEE CERTIFICATION I CERTIFY THAT I AM ENTITLED TO THE PAYMENT IDENTIFIED ABOVE. IN SIGNING THIS FORM, I AUTHORIZE MY RETIREMENT CHECK TO BE SENT TO THE FINANCIAL INSTITUTION NAMED BELOW TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.	IF JOINT ACCOUNT: NAME OF OTHER JOINT ACCOUNT HOLDER; PHONE NO.
SIGNATURE OF PAYEE DATE X	ADDRESS OF OTHER JOINT ACCOUNT HOLDER

(TO BE COMPLETED BY FINANCIAL INSTITUTION) SECTION 2

NAME AND ADDRESS OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT: CHECKING_____ SAVINGS_____ ROUTING NO. ____________________ ACCOUNT NO. ____________________ NAMES ON ACCOUNT ____________________ (MUST BE PAYEE; JOINT ACCOUNT ACCEPTABLE)

FINANCIAL INSTITUTION CERTIFICATION
I CONFIRM THE IDENTITY OF THE ABOVE-NAMED PAYEE AND THE ACCOUNT NO. AND OWNER. AS REPRESENTATIVE OF THE ABOVE NAMED FINANCIAL INSTITUTION, I CERTIFY THAT THE FINANCIAL INSTITUTION AGREES TO RECEIVE AND DEPOSIT THE PAYMENT DESCRIBED ABOVE.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE #	DATE

LEASE BRING OR MAIL THIS DOCUMENT TO:

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, STE. 1E12
NEW ORLEANS, LA 70112

\FIRT\CLERICAL\RETIREFM\DIRDEPFORM2.WPD

(504)658-1850 FAX (504) 658-1602

CITY OF NEW ORLEANS HEALTHCARE PLAN ENROLLMENT FORM
(ACTIVE EMPLOYEES AND PRE-65 RETIREES)
PLEASE PRINT OR TYPE

LAST NAME FIRST INITIAL	GENDER	BIRTHDATE (MM/DD/YYYY)	PAY GRADE:	DEPARTMENT
ADDRESS	SOCIAL SECURITY NO:		MARRIED: Y/N DATE MARRIED:	DEPARTMENT: ☐ POLICE ☐ FIRE ☐ CITY
CITY STATE ZIP CODE	PHONE NO:	ALTERNATE NO:	ACTIVE ☐ RETIREE ☐ WIDOW ☐	HIRE /RETIREMENT DATE:

DO YOU WANT TO PARTICIPATE IN THE CITY'S HEALTHCARE PLAN? YES ☐ NO ☐ IF NO, SIGN AND DATE BELOW.
WHICH PLAN WOULD YOU LIKE TO ENROLL INTO? **UHC HEALTH BASE PLAN** ☐ OR **UHC HEALTH BUY-UP PLAN** ☐
DO YOU OR YOUR DEPENDENT(S) HAVE MEDICAID OR MEDICARE YES ☐ NO ☐ PLEASE PROVIDE EFFECTIVE DATE:______________
DO YOU WANT TO COVER YOUR DEPENDENTS? YES ☐ NO ☐
IF YES, PLEASE LIST THEM BELOW. (Dependents i.e.: Spouse, Domestic Partner, Son, Daughter or Legal Custody of a child, etc.)

LAST NAME	FIRST	MI	GENDER	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NO.

I AUTHORIZE THE PROPER DEDUCTIONS FROM MY EARNINGS AS MY CONTRIBUTION TOWARDS THE COST OF THE CITY'S HEALTHCARE PLAN.

EMPLOYEE'S SIGNATURE ______________________________ DATE:______________

HUMAN RESOURCE APPROVAL ______________________________ DATE______________

Office use only	Codes
Effective Date	
Termination Date	
Premium Rate	
Other:	

ADP ☐ UHC ☐ ACCESS ☐

Date Received______________

Date Processed______________

Processor______________

Revised 10/1/2020

CITY OF NEW ORLEANS
2023 CHOICE PLAN UNITED HEALTHCARE SUMMARY SHEET
RETIREES / SURVIVING DEPENDENTS

PLEASE NOTE: There will be NO Medical Out-of-Network Coverage
Dental Coverage has a Buy-Up Option for 2023 Plan Year
Vision Coverage WILL NOT change for 2023 Plan Year

UHC MEDICAL PLAN

Services	In Network	Out of Network
CALENDAR YEAR DEDUCTIBLE		
Individual	$750	Not Covered
Family	$2,250	Not Covered
OUT OF POCKET EXPENSES		
Individual	$4,500 (incl. deductible)	Not Covered
Family	$13,500	Not Covered
Maximum Lifetime Benefit	unlimited lifetime maximum	
OFFICE VISITS AND PREVENTATIVE CARE		
Office Visits	$30 co-pay	Not Covered
Wellness Visits	$0 co-pay	Not Covered
Specialist	$45co-pay	Not Covered
OUTPATIENT SERVICES		
Laboratory, X-Ray, and Diagnostics, Outpatient	0%	Not Covered
Laboratory and X-Ray – Major Diagnostics (CT Scan, PET Scan, MRI, Nuclear Medicine) Outpatient	20% after deductible	Not Covered
Outpatient Surgery	20% after deductible	Not Covered
INPATIENT SERVICES		
Hospital	20% after deductible	Not Covered
Professional Services	20% after deductible	Not Covered
EMERGENCY SERVICES		
Emergency Room	$350 co-pay	Covered (emergency services only)
Urgent Care	$50 co-pay	Not Covered
Ambulance	20% after deductible	Covered (emergency services only)
MENTAL HEALTH SERVICES		
In-Patient	20% after deductible	Not Covered
Limit per Calendar Year	No stay limitation	Not Covered
Limit per Lifetime	No limitation	Not Covered
Outpatient Mental Health	$30 per visit	Not Covered
Limit per Calendar Year	No visit limitation	Not Covered
PRESCRIPTION DRUGS	$100 deductible	Not Covered
Generic (31 day supply)	$10 co pay	Not Covered
Preferred (31 day supply)	$35 co pay	Not Covered
Non-Preferred (31 day supply)	$70 co pay	Not Covered
Mail Order Generic (90 day supply)	$30 co pay	Not Covered
Mail Order Preferred (90 day supply)	$105 co pay	Not Covered
Mail Order Non-Preferred (90 day supply)	$210 co pay	Not Covered

UHC Dental BASE PLAN

Services	In Network	Out of Network
CALENDAR YEAR DEDUCTIBLE		
Individual	$0	$50
Family	$0	$150
ANNUAL ALLOWABLE AMOUNT		
Individual	$1,000 per person	$1,000 per person
DIAGNOSTIC SERVICES		
Periodic Oral Eval.	100%	100%
Radiographs	100%	100%
Lab and Other Diagnostic Tests	100%	100%
PREVENTIVE SERVICES		
Prophylaxis (Preventive)	100%	100%
Fluoride Treatment (Preventive)	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
BASIC SERVICES		
Restorations	80%	80%
General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
MAJOR SERVICES		
Inlays/Onlays/Crowns	50%	50%
Dentures/Removable	50%	50%
Fixed Partials/Bridges	50%	50%

UHC Dental BUY-UP PLAN

ORTHODONTIC SERVICES – Up to Age 19 Only		
Annual Deductible	$0	$50 / $150
Orthodontia	50%	50%
Lifetime Ortho Max	$2,500	$2,500
Dental Implants (any age)	50%	50%
Implant Annual Max	$1,000	$1,000

UHC VISION PLAN

Services	In Network Per Calendar Year	Out of Network Reimbursement
Exam	$10 co pay	$40
Frame Benefit Private Provider	$120-$150 (Retail Price)	$45
Frame Benefit	Retail Provider-$130	$45
Contacts	$105 Allowance	$105
LENSES (Standard)		
Single Vision	No co pay	$40
Lined Bifocal	No co pay	$60
Lined Trifocals	No co pay	$80
Laser Vision Correction	Discount Available Please call 1-888-563-4497	

Please note that the Benefit Summary above provides a brief description of coverage. It is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your customer service representative or review the Summary Plan Description.

CITY OF NEW ORLEANS
2023 HEALTHCARE PLAN
DEDUCTION CODES & RATES
EFFECTIVE JANUARY 1, 2023

TYPES OF COVERAGE	Ded. Code	Base Plan	Ded. Code	Dental Buy-Up Plan (incl.)
RETIREES UNDER 65				
Retiree Only (Compliant)	O1	$ 386.22	BO1	$ 392.95
Retiree & Spouse - RR/SP (Compliant)	O3	$ 755.75	BO3	$ 778.46
Retiree & Child(ren) - (Compliant)	O4	$ 714.51	BO4	$ 739.43
Retiree & Family - RR/SP (Compliant)	O5	$ 992.76	B05	$ 1,029.32
BENEFICIARIES UNDER AGE 65				
Widow/Widower < 65 - (Compliant)	W1	$ 377.87	BW1	$ 384.46
Widow/Widower < 65 & Minors - (Compliant)	W3	$ 407.23	BW3	$ 421.43
DISABLED RETIREES UNDER 65 WITH MEDICARE A & B				
Retiree Only < 65 (Compliant)	M1	$ 244.77	BM1	$ 249.04
Retiree & Spouse - RR/SP (Compliant)	D3	$ 486.88	BD3	$ 496.31
Retiree & Child(ren) - (Compliant)	D1	$ 575.37	BD1	$ 595.44
Retiree & Family - RR/SP (Compliant)	D6	$ 557.56	BD6	$ 578.09
Widow/Widower < 65 - (Compliant)	S1	$ 377.87	BS1	$ 384.46
Widow/Widower & Minors < 65 - (Compliant)	S4	$ 407.23	BS4	$ 421.43
DEPENDENTS OF RETIREES 65+				
Spouse/Partner - (Compliant)	M3	$ 183.39	N/A	N/A
Spouse/Partner & Child(ren) - (Compliant)	M8	$ 306.01	N/A	N/A
Minor Child(ren) Only	M5	$ 182.07	N/A	N/A
Disabled Dependent	M7	$ 182.07	N/A	N/A
Children of Officers Killed in Line of Duty / Deceased Employee	C1	$ 213.25	*BC1	$ 218.21
Children of Officers Killed in Line of Duty / Deceased Employee (Indiv. Dep)	C2	$213.25 / #Dep	*BC2	$218.21 / # Dep

*For child(ren) under the age of 19

Revised 09/06/2022

Form **W-4P**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2021

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at *www.irs.gov/FormsPubs*. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records.

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

► **For Privacy Act and Paperwork Reduction Act Notice, see page 6.**

OMB No. 1545-0074

2021

Your first name and middle initial	Last 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 may also designate an additional dollar amount on line 3.) . . . . ► (Enter number of allowances.)

Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . ► $

Your signature ► **Date** ►

Cat. No. 10225T

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least $2,100 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2021 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals), to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer will instead furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. *Head of household please note:* Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at *www.irs.gov/W4App*. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at *www.irs.gov/W4App* to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

A Enter "2" for yourself . . . . **A** ______

B Enter "1" if you will file as married filing jointly . . . . **B** ______

C Enter "1" if you will file as head of household . . . . **C** ______

D **Child tax credit.** See Pub. 972 for more information.

- If your total income will be less than $72,351 ($105,051 if married filing jointly), enter "4" for each eligible child.
- If your total income will be from $72,351 to $181,950 ($105,051 to $351,400 if married filing jointly), enter "2" for each eligible child.
- If your total income will be from $181,951 to $200,000 ($351,401 to $400,000 if married filing jointly), enter "1" for each eligible child.
- If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" . . . . **D** ______

E **Credit for other dependents.** See Pub. 972 for more information.

- If your total income will be less than $72,351 ($105,051 if married filing jointly), enter "1" for each eligible dependent.
- If your total income will be from $72,351 to $181,950 ($105,051 to $351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
- If your total income will be higher than $181,950 ($351,400 if married filing jointly), enter "-0-" . . . . **E** ______

F **Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . **F** ______

G Add lines A through F and enter the total here . . . . ▶ **G** ______

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds $13,000 ($25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

1	Enter an estimate of your 2021 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1	$
2	Enter: $25,100 if you're married filing jointly or qualifying widow(er); $18,800 if you're head of household; $12,550 if you're single or married filing separately	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2021 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items	4	$
5	**Add** lines 3 and 4 and enter the total	5	$
6	Enter an estimate of your 2021 other income not subject to withholding (such as dividends, interest, or capital gains)	6	$
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	$
8	**Divide** the amount on line 7 by $4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet**, line G, on page 4	9	
10	**Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1	10	

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1	Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**)	1	
2	Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is $75,000 or less and the combined amounts for you and your spouse are $107,000 or less, do not enter more than "7"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet	3	

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet — 4 ____		
5	Enter the number from line 1 of this worksheet — 5 ____		
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	**Divide** line 8 by the number of payments remaining in 2021. For example, divide by 8 if you're paid every month and you complete this form in April 2021. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job or pension are—	Enter on line 2 above	If wages from **LOWEST** paying job or pension are—	Enter on line 2 above
$0 - $799	0	$0 - $799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job or pension are—	Enter on line 7 above	If wages from **HIGHEST** paying job or pension are—	Enter on line 7 above
$0 - $25,350	$430	$0 - $7,375	$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.